

## MARSHALL HEALTH INFORMATION SYSTEMS EXIT FORM

### SECTION I: EXIT INFORMATION

Effective Separation Date:	Today's Date:
Name (Last):	Previous Last Name(s):
Name (First):	Middle:
Date of Birth:	Phone:

Marshall University ID Number (901xxxxxx):

Email address:

### SECTION II: POSITION/ROLE INFORMATION

Student:	If Visiting Student, what School:
Employer:	If other, explain:
Department:	
Clinical Provider :	
Clinical Support Role:	
Non Clinical Support Role:	
Other Role:	
Other Role if Not Defined Above:	

### SECTION III: ADDITIONAL SYSTEM DEACTIVATIONS - INDICATE EMPLOYEES CURRENT ACCESS LEVEL

Sharepoint	DocHalo
Healthstream	Evercheck
Badge Access	Library Access

### SECTION IV: EMAIL DEACTIVATION OPTIONS

Litigation hold:	Auto-Reply Set:	Until Date:
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***All MUSOM Faculty and staff are provided an Exchange mailbox to be used during their employment with MUSOM/Marshall Health. As part of the account decommissioning process, the user will no longer have access to the Exchange mailbox and its content once their MUSOM domain account is disabled. The Office Administrator may contact the SOM Helpdesk (691-1748) to make special arrangements if your department needs access to the mailbox content or has other concerns.***

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### SECTION V: CLINIC PROVIDER INFORMATION

Department/Division:

Specialty:

Tasks to be assigned to:

REQUIRED FOR PROCESSING - IF USER HAS NO  
TASKS TO BE ASSIGNED, WRITE NONE

Will provider be local:

FOR EXITING CLINICAL PROVIDERS

New Provider Location:

FOR EXITING CLINICAL PROVIDERS

### AUTHORIZATION SIGNATURE

Authorized by (Printed Name):

Title:

Phone:

Signature:

Date: