Suffolk County Community College

Human Resources
Update System Access
Transferred/Retired/Terminated Employees

ID#_____

Personnel Changes

TO: ____ Computer Info Sys

____ HR _____ Payroll

_____ Security

_____ Campus Dean

NAME_____

ADDRESS_____

Username/Network id_____

EFFECTIVE DATE_____

This employee has:

____Retired___Resigned____is Terminated___transfer Campus ____transfer Department**

For department/campus transfer - identify

Department/Campus transfer from_____to _____

Remove Employee Banner Access as of __/__/__

** New/updated access must be requested by employee and new supervisor

Departments below should *sign* to indicate processing of this form and return signed form to Human Resources.

1. _____[print name]_____ date_____

Computer Information Systems – remove Banner access, Reddot access, and portal applications access

2. _____[print name]_____ date_____

HR/Payroll – Update college address, phone, check distribution for continuing employees, process terminations

3. _____[print name]_____ date_____

Security

4. _____[print name]_____ date_____

Executive Dean update campus information

Additional Information: _____

_____

_____[print name]_____ date_____

*Employees' Supervisor Title*_____

Approved 9/12