

## IT Services

### Leavers Form

This form should be **completed electronically** by the Practice Manager or Line Manager and **emailed from his/her own email account, as an attachment to:** [mlcsu.servicedesk@nhs.net](mailto:mlcsu.servicedesk@nhs.net)

<b>Name of Staff Member Leaving:</b>	
<b>Job Title:</b>	
<b>GP Practice/Base Location:</b>	
<b>Leaving Date:</b>	
<b>Email Address:</b>	
<b>On Going Location if Known:</b>	

<b>ID Badge to be disabled?</b>	<b>Yes</b>		<b>No</b>	
<b>Allocated IP Telephone Phone Number:</b>				
<b>Does the number need to be removed or re-allocated?</b>	<b>Removed</b>		<b>Re-allocated</b>	
<b>Reallocated Staff Name</b>				

<b>Name of Practice Manager/Line Manager:</b>	
<b>Telephone No:</b>	
<b>Email Address:</b>	

#### FOR I.T. USE ONLY

Actioned by:

Date:

Comments: