APPENDIX 12



ITDept. Form No. 12.0.s2012

RADF NO. [YYYY-12-M-00001]

Name:	ID No.:				
Position:		Co	College/		
		De	Department:		
Reason/Justification for Deactivation:			For IT Department Use only		
☐ Leave Of Absence ☐ Transfer to	□ Resignatio	n	<u> </u>	ser's Account Status Checklist	
☐ End Of Contract ☐ Termination	□ Retirement □ Oth	Others ACADEMIC			
			Admissions	□ N/A □ Inactive	
			DRRM	□ N/A □ Inactive	
		- -	College Module	□ N/A □ Inactive	
		- _	Elem/HS	□ N/A □ Inactive	
		_ _	ID Printing	□ N/A □ Inactive	
		_	Faculty Performance Evaluation	□ N/A □ Inactive	
		_	Faculty Attendance Monitoring	□ N/A □ Inactive	
		- _	Moodle	□ N/A □ Inactive	
		FII	NANCIAL		
		- 1	Table of Fees	□ N/A □ Inactive	
		- _	Cash Receipts	□ N/A □ Inactive	
		-	Student Accounts	□ N/A □ Inactive	
		- _	General Ledger	□ N/A □ Inactive	
		_ _	Payroll	□ N/A □ Inactive	
			Time Keeping	□ N/A □ Inactive	
			Inventory	□ N/A □ Inactive	
			Business Enterprise	□ N/A □ Inactive	
			Personnel Management Info	□ N/A □ Inactive	
I, the undersigned, authorize the	deactivation of	l _M	IS Utilities		
account of this employee effective					
□ Permanent (Effectivity date) □ Temporary (From-To date)			□ Internet Access		
	, ,,		□ Access Code Management□ Printing of RC		
		- [Printing of KC		
Signature over Printed Name Date Approved:					
(College/Department Head)		Date Ap	φιoveα		
APPROVED for Implementation:					
·	(Chancellor/IT Dept. Director)				
For IT Depositors and Line only	1				
For IT Department Use only Account Name:			Data Passinadi		
Account Name:			Date Received:		
Remarks:	Date Deactivated:		Validity:		
Database Admin (Date)	Techsupport	(Date)	Internal Audit	(Date)	