

<p>THIS INFORMATION IS TO BE FURNISHED BY THE DEPARTMENT BILLING MANAGER/ADMINISTRATOR (PLEASE PRINT LEGIBLY)</p> <p>Please complete ALL sections on of this form (Incomplete forms will not be processed)</p>	
EMPLOYEE'S INFORMATION	
EMPLOYEE NAME (include middle initial)	C#
JOB FUNCTION/TITLE	JOB CLASSIFICATION (A01/A03)
DEPARTMENT/DIVISION (e.g. Medicine/Cardiology)	LOCATOR CODE
MEDICAL USER NAME (EMAIL)	TELEPHONE/BEEPER
GE FLOWCAST (IDX) USER NAME	EFFECTIVE DATE OF TERMINATION
REASON FOR DEACTIVATING ACCOUNT	
<input type="checkbox"/> Check here if the employee is leaving the university due to termination or separation.	
<input type="checkbox"/> Check here if the employee is transferring to another department.	
EMPLOYEE'S UM SUPERVISOR, AUTHORIZING MANAGER, SPONSOR/LIASON OR ADMINISTRATOR	
<p>I, as supervisor fo the aforementioned employee, hereby wish to deactivate this employee's access to the GE FlowCast (IDX) system.</p> <p>Fax to Security Administrator at 305-243-7355 or email a copy to CET IDX Security. Keep a copy for your records.</p>	
Employee's Administrator/Billing Mgr's Printed Name:	Requestor's UM Sponsor/Supervisor Signature:
Date:	Telephone/Ext: