

IT Exit Form

Doc. No.: IT/02

Rev. No/Date: 01/01-12-2025

Date: _____

Emp. Code: _____

Name: _____

I confirm that I have returned all company-owned IT equipment and agree that all my access has been removed as part of the exit process.

No.	Item Description	Serial No.	Quantity
1			
2			
3			
4			
5			

IT Department Confirmation

- All assets returned: ☐ Yes ☐ No
- All access revoked: ☐ Yes ☐ No
- Final data backup completed: ☐ Yes ☐ No

Signature of Recipient: _____

Signature of Employee: _____