

**CONTRA COSTA COUNTY OFFICE OF EDUCATION
K12 COLLEGE SYSTEM SECURITY APPLICATION
EMPLOYEE TERMINATION FORM**

SCHOOL DISTRICT	EMPLOYEE LAST NAME	FIRST NAME
TERMINATION EFFECTIVE DATE	USER ASSIGNED NAME MAXIMUM 8 CHARACTERS – NO SPACES	OPERATOR ID

DISTRICT APPROVAL: _____

PRINT NAME

SIGNATURE

CONTACT PHONE NUMBER

CONTACT E-MAIL ADDRESS

<p>COLLEGE USE ONLY:</p> <p>DELETED BY: _____</p> <p align="center">INITIALS</p> <p align="right">DATE/ TIME</p>
--

PLEASE SEND COMPLETED FORM TO: CCCC HELP DESK • 500 COURT STREET • MARTINEZ, CA 94553
REV: November 17, 2006