

STATE OF MARYLAND
Children's Cabinet

REQUEST FOR DEACTIVATION OF SCYFIS USER ACCOUNT

SECTION A: DEACTIVATION REQUESTED BY	
Last Name: _____	First Name: _____
Agency Name: _____	Job Title: _____
Address: _____	
City: _____	State: _____ Zip: _____ Jurisdiction: _____
Phone: _____	Ext. _____ Email: _____

SECTION B: DEACTIVATE THE FOLLOWING SCYFIS USER(S)				
<i>NAME</i>	<i>TITLE</i>	<i>EMAIL ADDRESS</i>	<i>PHONE #</i>	<i>Reason Code</i>

- Deactivation Reason Codes:**
- A** Position Reassignment/Promotion (Don't Need SCYFIS Access)
 - B1** Voluntary/Involuntary Separation
 - B2** User is no longer on this unit
 - C** Deceased
 - D** Other (Please Explain)

HOSPITAL SUPERVISOR/UNIT MANAGER USE ONLY	
Authorization to deactivate access	
Supervisor's Name: _____	Signature: _____
Email Address: _____	Authorized Date: _____

FOR INTERNAL USE ONLY	
Deactivated Username(s): _____	Completed Date: _____
Administrator Name: _____	Signature: _____

Please notify Musu Fofana (410-402-8314) or Leslie Wilson (410-402-8313) and submit this user deactivation form within 24 hours should a user no longer have access to the system.

Mail to: Mental Hygiene Administration, Spring Grove Center, 55 Wade Avenue, Mitchell Building, Room 123, Catonsville, MD 21228

Fax: 410-402-8316