



DEPARTMENT OF HEALTH

Notification of Staff Separation/Change of Duties

If a staff member who was a PEMS user will be (1) leaving the agency or (2) changing duties within an agency so that he/she will no longer be a PEMS user, please complete the top half of this form with the first and last name of the staff member who will be changing duties with regards to PEMS. Please submit a photocopy of the required statement signed by the staff member (pg. 2).

To be completed by a supervisor of the staff member:

Organization Name: _____

Staff Member's Name (first, last): _____

By submitting this form, you are confirming that the staff member named above will no longer have access to PEMS Client-Level Data as of this date (mm/dd/yyyy):

In compliance with the Confidentiality and Security Policies and Procedures for PEMS Client-Level Data you must assure the following actions have taken place:

- Have all keys etc. to PEMS storage areas been returned?
- Has the staff member reviewed the need to adhere to the confidentiality statement?
- Has the staff member signed the required statement on pg.2?

Submitted By: _____

To be completed by the PEMS System Administrator:

Staff member signed required statement: Date:

Did the staff member have a PEMS database user account? Yes No

If yes, PEMS database user account terminated? Yes No Date:

