

**Mississippi State Department of Health  
Office of Health Informatics  
Terminations/Transfer Form  
Form No. 866**

I, confirm that I have returned any property which belongs to the Mississippi State Department of Health including but not limited to the following items.

- |                                      |           |
|--------------------------------------|-----------|
| 1. Keys                              | Yes or No |
| 2. Badges                            | Yes or No |
| 3. Access cards (Swipe or Proximity) | Yes or No |
| 4. Cell Phones                       | Yes or No |
| 5. Calling cards                     | Yes or No |
| 6. Computers/laptops/PDAs            | Yes or No |

Please attach page 2 of Form OHI-9 which lists a description and identification numbers for the above mentioned items and any network or application permissions.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

OHI use only	Form No. OHI-9
IRM Received By/Date:	_____
IRM Completed By/Date:	_____

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	Description	Serial Number	MSDH Inventory #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Please remove form the following applications/network:

	Logon	Application/Network
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____