NOTE: This form (COT-F084) should be used to request an Employee Email Review for a **vacant** **position**, such as Employee Separation or Employee on Leave.  The COT-F182 Form should be used to request access to Electronically Stored Information (ESI) for investigation purposes such as an Employee or Court Investigation, Open Records or Forensic Data Recovery.

|  |  |
| --- | --- |
| **REQUESTOR INFORMATION** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Requested By:** |  |  | **Phone No.:** |  |
|  | Print Name and Title |  |  | (xxx) xxx-xxxx |
| **Requesting Cabinet:** |  |  | **Date of Request:** |  |
|  |  |  |  | m/d/yyyy |
| **Requesting Dept./Division:** |  |  | **Agency Billing No.:** |  |
|  |  |  |  | 8-digit number |

|  |  |
| --- | --- |
| **EMPLOYEE INFORMATION REQUESTED** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:** |  |  | **Domain Acct Name:** |  |
| **Employee Email:** |  |  | **Separation / Leave Date:** |  |

(m/d/yyyy)

|  |
| --- |
| **REASON FOR REVIEW (Select ONE and provide a brief description)** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Employee on  Extended Leave | |  | Employee Separation  from State Government |  | Employee Separation –  **Cabinet to Cabinet Transfer** |
| NOTE: Email Forwarding is **NOT** available for Cabinet to Cabinet transfers | | | | | | |
| **Reason for Email**  **Review Request:** | |  | | | | |

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| --- |
| **REQUESTED INFORMATION (Check more than one box, if applicable, AND specify the user to receive the requested content)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Email Export (Current Mailbox) |  | Send Email Export To: |  |
|  | Copy User Home Directory  (User’s Network Drive) |  | Copy Home Directory To: |  |
|  | Copy User Machine Profile  (Non-system Files on Hard Drive) |  | Copy Machine Profile To: |  |
| **Email Forwarding is ONLY available for Employee Separations from State Government and Employees on Extended Leave** | | | | |
|  | Email Forwarding (MAX 30 days) |  | Forward Email To: |  |

|  |
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| Requested contents will be exported and provided in accordance with COT Security Procedures to the contact(s) listed above. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGENCY AUTHORIZATION APPROVALS (Printed Names and Signatures Required for individuals in listed employee’s management chain)** | | | | | |
| Requesting Agency Director or Executive: |  |  |  |  |  |
|  | Printed Name |  | Signature |  | Date (m/d/yyyy) |
| Requesting Agency Legal Counsel: |  |  |  |  |  |
|  | Printed Name |  | Signature |  | Date (m/d/yyyy) |