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.

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| **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)

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| **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. |

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| **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) |