

User Removal Request Form

Agencies are required to notify Homelessness Systems Support within 7 days of a staff member leaving to have H2H access removed. This form **must** be completed each time an Agency wishes to remove a staff member's access to **H2H**.

1. Complete all relevant fields
2. Print and sign the form (Agency Authoriser)
3. Scan and Email this form to HousingH2H@sa.gov.au

Employee Details

I declare that I am a senior representative of the stated Organisation/Agency, and that I authorise the below staff member's **H2H** access be removed.

On behalf of the Organisation/Agency, I hereby request that H2H access is removed for the following Staff Members listed below.

Employee1:	Reason Requesting Removal:
Employee 2:	Reason Requesting Removal:
Employee 3:	Reason Requesting Removal:
Employee 4:	Reason Requesting Removal:
Employee 5:	Reason Requesting Removal:
Employee 6:	Reason Requesting Removal:

Person authorised to sign on behalf of the Organisation/Agency

Organisation name:	
Agency name:	
Physical office address:	
Your name:	Your position:
Your phone:	Your email:
<ul style="list-style-type: none"> • I declare that the above information is correct 	
Signature:	Date: