



Employee Add/Remove Form

Employee: Add _____ Remove _____

Add/Remove Date: _____

Organization: _____

Name: _____

Title: _____

Department: _____

Phone: _____

Email: _____

PLEASE SUBMIT SERVICE ORDER FORM IF ADDING AN ADDITIONAL USER TO THE CONTRACT.

City of Whiting, Indiana

(Signature)

(Date)

(Printed Name)

(Title)

COTG

Accepted by:

(Signature)

(Date)