



CHECKLIST FOR:

Updated February 2019

When an employee leaves King County employment.

P-Card Holder Exit Guide

- Notify [P-Card](#) team and Account [Coordinator](#) of your last day. *(Avoid P-Card usage two weeks prior to last day.)*
- Process all transactions.
- Follow up on submitted reports that are not in a Paid Status.
- Add a delegate to process transactions on your behalf. See "[Delegating Accounts](#)" section of the P-Card Manual. Provide all back-up documentation for pending transactions.
- Audit P-Card records to ensure proper filing procedures are met. Forward all records to onboarding employee or Account [Coordinator](#).
- Destroy Credit Card on site.

FORMS

REVOKE EBS ACCESS

- When an employee leaves King County Employment, Oracle EBS access must be revoked. Releasing Manager or Supervisor must complete the Agency [Revoke Oracle EBS Access Request Form](#).



AGENCY REVOKE ORACLE EBS ACCESS REQUEST FORM

Department of Public Service
Human Resources Center
One-Stop Office at 39 Ave. Suite 300
Bellevue, WA 98005
www.kingcounty.gov

King County

Use the form to revoke Oracle EBS Access

EBS USER INFORMATION

First Name	Last Name	Dept/Division
Employee #	Job Title	Request Date

Is this user a ending their employment with King County? Yes No

Is this user transferring to another King County Agency? Yes No

If you selected Yes, to which agency are they transferring?

Is this user a contract employee with King County? Yes No

Vendor/Supplier # CPA #

What is the last date that this user will need to access Oracle EBS?

APPROVER AND REQUISITION REASSIGNMENTS

Are changes to Approver access part of this request? Yes No

Is re-assignment of requisition transactions necessary as part of this request? Yes No

Is this a request for a current user who is an Equated Manager for General Property Users? Yes No

Please indicate Yes to any of the questions above. This form will be submitted to your local HR partner for approval and signature re-assignment. If you are a contract employee, you will need to contact the appropriate individual in your organization for more information and authorization.

AUTHORIZATION

Supervisor Signature Authorization

Supervisor/Manager Signature: Date:

Supervisor/Manager Name:

Please print, sign, scan and email the document to: gsa@kingcounty.gov