

COLLEGE OF
MOUNT SAINT VINCENT
New Employee – File Transfer Agreement Form

Name: _____

Department: _____ Phone: _____

FILES and DIRECTORIES

These are the files and/or directories that I need transferred onto my new computer hard drive. I understand that any files not listed on this form will be deleted and thus irretrievable.

PROGRAMS

These are the programs that I need installed in my new computer hard drive. I understand that any programs not listed on this form will not be immediately installed. (Please exclude Microsoft Word, Excel, PowerPoint, Access, and Outlook. These programs will be installed on your machine by default.)

Signature: _____ Date: _____

If you need more space, please feel free to list items on the back of this form.

FOR COMPUTER SERVICES EMPLOYEE USE ONLY

FILE TRANSFER COMPLETED BY : _____

DATE: _____