**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Employee ID: |  | Job Title/Position: |  |
| Department: |  | Supervisor’s Name: |  |
| Phone Number: |  | Email Address: |  |
| Date of Departure: | (DD/MM/YYYY) |  |  |

**Departmental Clearances**

1. **IT Department**

|  |  |  |  |
| --- | --- | --- | --- |
| Laptop/Computer Returned: | Yes | No | Condition: \_\_\_ |
| Other Equipment Returned (e.g., phone, tablet): | Yes | No | Condition: \_\_\_ |
| Access Cards/Keys Returned: | Yes | No | Note: |
| Accounts Disabled (e.g., email, system access): | Yes | No | Note: |
| **Comments:** |  | | |
| **IT Representative Name:** |  | | |
| **Signature:** |  | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | (DD/MM/YYYY) |

**2. Human Resources Department**

|  |  |  |  |
| --- | --- | --- | --- |
| Exit Interview Conducted: | Yes | No | Note: |
| Company Property Returned (e.g., ID badge): | Yes | No | Note: |
| Final Payroll Processed: | Yes | No | Note: |
| Benefits Information Provided: | Yes | No | Note: |
| **Comments:** |  | | |
| **HR Representative Name:** |  | | |
| **Signature:** |  | **Signature:** |  |

**3. Finance Department**

|  |  |  |  |
| --- | --- | --- | --- |
| Outstanding Advances Cleared: | Yes | No | Note: |
| Expense Reports Submitted: | Yes | No | Note: |
| Corporate Credit Card Returned: | Yes | No | Note: |
| **Comments:** |  | | |
| **HR Representative Name:** |  | | |
| **Signature:** |  | **Signature:** |  |

**4. Department Supervisor/Manager**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Handovers Completed: | Yes | No | Note: |
| Client/Team Notifications Made: | Yes | No | Note: |
| **Comments:** |  | | |
| **HR Representative Name:** |  | | |
| **Signature:** |  | **Signature:** |  |

**5. Employee Acknowledgement**

|  |  |  |
| --- | --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Name), confirm that I have returned all company property, cleared all outstanding dues, and completed all exit procedures as required. | **Employee Signature:** | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY) |

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Clearance Form Received By: |  | Date Received: | (DD/MM/YYYY) |
| Final Clearance Approved: | | Yes | No |
| **Comments:** | |  | |
| **Final Approved By (HR/Management):** | |  | |
| **HR Representative Signature:** | | **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ (DD/MM/YYYY) | |