[Company Name]

# Employee Clearance Form

Form to be attached to personal record

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Employee |  | Department/Unit |  |
| Employee ID |  | Employment Date: |  |
| Supervisor |  | Position |  |
| Job Title |  | Position Type | [Full time] [Part time] [Other] |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Separation** | | | |
| Resignation | Termination | Lay Off | Retirement |
| Seasonal Lay Off | Leave of absence | Probationary | Department Transfer |
| Institutional Transfer | Other |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information** | | | |
| Mailing address |  | Address |  |
| City, ST ZIP Code |  | Contact | Cell/Home |
| Separation Date: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Responsibilities** | | | |
| I have surrendered all [Tick that apply] which were entrusted to me during my employment | | | |
| Company ID Badge | Cell Phone | Vehicle Gas Card | Vehicle |
| Technician Tools | Building Keys | Personal Computer | Maintenance Tools |
| Inventorial Property | Laptop/Notebook | Computer Equipment | Manuals |
| Vehicle Keys | Other | Other | Other |

* I understand that my [COMPANY] email address will be deactivated the day after my last official work day and I have notified appropriate email contacts of this change.
* I have cleared all matters pertaining to petty cash funds and state expenditures. I understand that if I owe any outstanding monies it may be withheld from my final paycheck.
* I have been informed of the option of converting my Health and/or Life Insurance to a Private Plan [if applicable]

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor [Tick to approve]** | | | |
| Final Time Card Approved? |  |  |  |
| Employee Resignation Letter Received? |  |  |  |
| Notifying the following department(s) to delete the relevant information as per rules & regulations. | | | |
| IT Department [Delete access to server] | HR Department [ To update payroll] | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Signature | [Date] |  | Supervisor Signature | [Date] |