## Clearance Form for Resigned Employee

Employee Information	1:		
• Name:			
• Employee ID: _			
Date of Resignation:			
<ul> <li>Last Working D</li> </ul>	ay:		
Clearance Checklist:			
1. Company Property:			
Keys and Acces	ss Cards:		
<ul> <li>Returned</li> </ul>	: □ Not Returned: □		
o Remarks:			
<ul> <li>Office Equipme</li> </ul>	nt (e.g., Laptop, Phone):		
<ul> <li>Returned</li> </ul>	: □ Not Returned: □		
<ul><li>Remarks:</li></ul>			
• Uniforms/Work	wear:		
<ul> <li>Returned</li> </ul>	: □ Not Returned: □		
o Remarks:	·		
2. Financial and Admi	nistrative Clearances:		
Outstanding Ac	Outstanding Advances or Loans:		
o Cleared:	□ Pending: □		
o Remarks:			
<ul> <li>Expense Repor</li> </ul>	ts:		

	0	Submitted: ☐ Not Submitted: ☐		
	0	Remarks:		
•	Final Paycheck Details:			
	0	Processed: $\square$ Pending: $\square$		
	0	Remarks:		
3 Do	cumon	tation and Confidential Information:		
J. DU	Cumen	itation and Commuential information.		
Work-Related Documents and Files:				
	0	Submitted: $\square$ Not Submitted: $\square$		
	0	Remarks:		
Confidential Information:				
	0	Secured: ☐ At Risk: ☐		
	0	Remarks:		
4. IT Department:				
	F:	Land Matricolle Access		
•		and Network Access:		
•	0	Deactivated: ☐ Not Deactivated: ☐		
•	0	Deactivated: ☐ Not Deactivated: ☐  Remarks:		
•	o o Softw	Deactivated: ☐ Not Deactivated: ☐  Remarks:  vare and Licenses:		
•	Softw	Deactivated: ☐ Not Deactivated: ☐  Remarks:  vare and Licenses:  Reclaimed: ☐ Not Reclaimed: ☐		
•	Softw	Deactivated: ☐ Not Deactivated: ☐  Remarks:  vare and Licenses:		
	Softw	Deactivated: ☐ Not Deactivated: ☐  Remarks:  vare and Licenses:  Reclaimed: ☐ Not Reclaimed: ☐		
	Softw o  man R	Deactivated: ☐ Not Deactivated: ☐  Remarks:  vare and Licenses:  Reclaimed: ☐ Not Reclaimed: ☐  Remarks:		
	Softw o  man R	Deactivated:  Not Deactivated:  Remarks:		
	Softwood	Deactivated:  Not Deactivated:  Remarks:		
	Softwood	Deactivated:  Not Deactivated:  Remarks:  vare and Licenses:  Reclaimed:  Not Reclaimed:  Remarks:  esources:  fits and Entitlements:		
	Softwood	Deactivated:  Not Deactivated:  Remarks:		
	Softw  Softw  Benefic	Deactivated:		

Signatures:

Department Head:		
	0	Name:
		Signature:
	0	Date:
•	HR R	epresentative:
	0	Name:
	0	Signature:
	0	Date:
•	Empl	oyee Signature:
	0	I acknowledge that all information is correct and all company
		properties have been returned as per the checklist above.
	0	Name:
	0	Signature:
	0	Date: