## **Employee Clearance Form for Restaurant**

Employee Information:		
Name:		
Position:		
• <b>Department:</b> (e.g., Kitchen, Service, Management)		
- Employee ID:		
Employee ID: Date of Resignation:		
Date of Resignation:		
Last Working Day:		
Clearance Checklist:		
1. Restaurant Property:		
Uniforms and Apparel:		
○ Returned: ☐ Not Returned: ☐		
o Remarks:	_	
Keys to Restaurant/Secure Areas:		
○ Returned: □ Not Returned: □		
o Remarks:	_	
<ul><li>Equipment (e.g., Knives, Tools):</li></ul>		
○ Returned: ☐ Not Returned: ☐		
o Remarks:	-	
2. Financial Obligations:		
Cash Handling Clearances:		
○ Cleared: □ Pending: □		

0	Remarks:
• Empl	oyee Tabs or Outstanding Payments:
0	Settled: ☐ Unsettled: ☐
0	Remarks:
3. Administ	rative Responsibilities:
• Shift	Duties and Responsibilities Handed Over:
0	Completed: ☐ Pending: ☐
0	Remarks:
• Docu	mentation (Recipes, Manuals, Guides):
0	Submitted: $\square$ Not Submitted: $\square$
Ο	Remarks:
4. IT and Se	curity:
	<b></b>
• POS	System Access:
0	Revoked: ☐ Not Revoked: ☐
0	Remarks:
• Secu	rity Codes Changed:
0	Done: ☐ Not Done: ☐
0	Remarks:
5. Human R	esources:
• Final	Paycheck:
0	Processed: ☐ Pending: ☐
0	Remarks:
• Tips	and Gratuities Settled:
0	Settled: □ Pending: □
0	Remarks:
• Exit I	nterview:
0	Completed: $\square$ Not Completed: $\square$

0	Remarks:
Signatures:	
• Resta	urant Manager:
0	Name:
0	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 restaurant
	properties have been returned as per the checklist above.
0	Name:
0	Signature:
0	Date: