
Government Employee Clearance Form

Employee Information:

- Name: _____
- Position: _____
- Department: _____
- Employee ID: _____
- Contact Number: _____
- Email Address: _____

Clearance Details:

- Last Working Day: _____
- Department Transferring To: (If applicable) _____

Departmental Clearance:

- **Keys and Access Cards:**
 - Returned: Not Returned:
 - Remarks: _____
- **Office Equipment (Laptop, Phone):**
 - Returned: Not Returned:
 - Remarks: _____
- **Library Materials:**
 - Returned: Not Returned:
 - Remarks: _____
- **Financial Clearance:**
 - All dues cleared: Pending:

- Remarks: _____
- **Documentation and Reports:**
 - Submitted: Not Submitted:
 - Remarks: _____
- **Other Materials or Tools Assigned:**
 - Returned: Not Returned:
 - Remarks: _____

Human Resources:

- **Final Paycheck Cleared:** Yes No
- **Employee File Updated:** Yes No
- **Benefits and Entitlements Settled:** Yes No
- **Exit Interview Completed:** Yes No
- **Comments:** _____

Signature of Department Head:

- **Name:** _____ **Signature:**
_____ **Date:** _____

Signature of HR Representative:

- **Name:** _____ **Signature:**
_____ **Date:** _____

Employee Signature:

- **I acknowledge that all information is correct and all company properties have been returned as per the checklist above.**
- **Name:** _____ **Signature:**
_____ **Date:** _____