

**EXIT CLEARANCE FORM**

**Kindly complete this form and ensure verification from the individual Unit Heads. Then submit to the Admin Department for processing. No salary will be released if signatures from the respective units are not completed.**

Name : \_\_\_\_\_

Unit : \_\_\_\_\_ Head of Unit \_\_\_\_\_

Last service day: \_\_\_\_\_ Last physical day \_\_\_\_\_

**TO BE COMPLETED BY HEAD OF UNIT**

UNIT	ITEM (Please specify if not indicated)	REMARKS (Please tick if cleared or specify otherwise)	VERIFICATION BY HEAD OF UNIT
Your reporting unit	<b>Outstanding duties</b> i) Reports ii) Claims/allowances iii) _____ iv) _____		
Biometrics	<b>Computer</b> (Model _____) i) Hardware ii) Configuration iii) Software iv) _____		
Admin & HR	<b>Office assets, etc.</b> i) Office Keys ii) Drawers & cupboards Key iii) Access Card iv) Parking Sticker v) Parking Card vi) Hospital Authority pass vii) Books (attached list) viii) Stationery ix) Employee Handbook x) Information Security Policy Notification and Agreement		

\_\_\_\_\_  
Signature of staff

\_\_\_\_\_  
Date

**To be completed by Admin/HR Department**

Received on \_\_\_\_\_

Payment mode \_\_\_\_\_

Co. \_\_\_\_\_

Paid on \_\_\_\_\_