



SEPARATION CLEARANCE FORM

Employee		ID	
Department			
Position			
Separation Type	<input type="checkbox"/> Resignation	<input type="checkbox"/> Termination	<input type="checkbox"/> Probationary Period
Last Work Day			

1- Employee's Department	
<ul style="list-style-type: none">Return desk keys, office keys, department files, records to the director.	Name: Signature: Date:
2- Information Technology Department	
<ul style="list-style-type: none">Deactivate user access to the network and all PMU applications on last working day	Name: Signature: Date:
3- Administrative Affairs	
Campus (M) (F) <ul style="list-style-type: none">Return assigned vehicle keys (if applicable)Return to stock the IT assets. Please take a print from Warehouse Section. (ITD to initial on assets status: (OK) Defects attached () Housing <ul style="list-style-type: none">Housing inventory (household items, furniture)Arrange for payments of utility bills.Accommodation inspected for damage and arrangements for payment if applicable	Name: Signature: Date: Name: Signature: Date:
4- Library Services	
<ul style="list-style-type: none">Return all materials, books, manuals borrowed from the library (if applicable)	Name: Signature: Date:
5- Human Resources Department	
<ul style="list-style-type: none">Return ID cardReturn medical card(s)	Name: Signature: Date:
6- Budget and Accounting	
<ul style="list-style-type: none">Received Final Clearance verification memo from Human ResourcesClear advances or loans or other costs (e.g. utilities, damages, etc.)Process final pay	Name: Signature: Date:

Employee Signature	
Date	

Original: Employee File
CC: Budget and Accounting, Employee.