

Seminole State College
EMPLOYEE FINAL CLEARANCE FORM

Employee's name as it appears on social security card _____ Date _____

Mailing Address for W-2 _____ City _____ State _____ Zip _____

Thank you for the service and contributions you have made as a valued member of the SSC family. Please complete the following steps as part of your termination process. Each step is vital and mandatory so that security and confidentiality is safeguarded for you and all SSC employees and students. Are you being employed by another Oklahoma State Educational Entity? (please name) _____

IF APPLICABLE, PLEASE TURN IN: Equipment, Tools, Telephone, Credit Cards, and/or Grades. Your Telephone/Computer access will end on your last day on payroll.

Please take this form to the appropriate offices for initialed clearance and visit Human Resources for final clearance.

	CONFIRMED BY	DATE CLEARED
1. Keys Returned (Fiscal Affairs)	_____	_____
2. Institutional Credit Cards (Fiscal Affairs)	_____	_____
3. Health Insurance (Human Resources)	_____	_____
4. Cell Phone, Laptop (Fiscal Affairs)	_____	_____
5. General College Debts (Fiscal Affairs)	_____	_____
6. Grant/Contract Records (Immediate supervisor)	_____	_____
7. Instructor Student Grades Incompletes etc. (Division Chair)	_____	_____
8. Department Manuals (Division Chair)	_____	_____
9. Authorization/Release for References (Human Resources)	_____	_____
10. Supervisor Evaluations of Employees (Immediate supervisor)	_____	_____
11. Final Leave Report/Timesheet (Human Resources)	_____	_____
13. Exit Interview (Human Resources)	_____	_____
14. I.D. Returned (Human Resources)	_____	_____

I certify that I have no unpaid College bills and that I have returned all College property.

Signature of Employee _____
Date

Signature of Supervisor _____
Date

FINAL CHECK(S) MAY BE RELEASED:

Approval Signature – Human Resources _____
Date

PLEASE NOTE: Whenever potential employers, financial institutions, etc. request employment information, references or recommendations, the current practice of SSC is to provide name, position and dates of service. By signing this document you are (1) permitting SSC to disclose additional personnel information and (2) giving a release from liability for providing more than name, position and dates of service.

AUTHORIZATION AND GENERAL RELEASE

Seminole State College, their agents, servants, employees or others representatives are hereby authorized to disclose records and/or information regarding my work performance and personnel history. I hereby release said Seminole State College, their agents, servants, employees or other representatives of and from all claims, demands, damages, actions, causes of action, suits in equity of whatever kind or nature, as a result of the furnishing of such records and/or information.

Signature of Employee/Former Employee

Printed Name

Date

Witness:

Name

Title/Position

I choose to decline to give this authorization at this time.

(Check or "X")

(Initials)