

Employment Clearance Form

(Form to be Attached to Personnel Record)

<u>Employee Name (Last, First, MI)</u>	<u>Employee ID</u>	<u>Employment Date</u>
<u>Department/Unit</u>	<u>Job Title</u>	<u>Position Type</u> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other _____
<u>Types of Separation</u> <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> Seasonal LWOP/Lay Off <input type="checkbox"/> Termination <input type="checkbox"/> Leave of Absence <input type="checkbox"/> USG Institution Transfer _____ <input type="checkbox"/> Lay Off <input type="checkbox"/> Non-Retention (Probationary) <input type="checkbox"/> Department Transfer _____		

Contact Information:

<u>Mailing Address</u>	<u>City</u>	<u>State & Zip</u>
<u>Home Phone</u>	<u>Cell Phone</u>	<u>Email Address</u>

<u>Supervisor Name</u>	<u>Supervisor Title</u>	<u>Separation Date</u>
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Supervisor Responsibilities (Complete all that apply):

<input type="checkbox"/> Final Time Card Approved	<input type="checkbox"/> Complete Termination PIF	<input type="checkbox"/> Employee Resignation Letter Received <small>(Retirement/Resignation only)</small>
Notify the following departments via email:		
<input type="checkbox"/> Comptroller/Business Office	<input type="checkbox"/> IT Department/Delete Access to Computer Systems	
<input type="checkbox"/> Police Department	<input type="checkbox"/> Human Resources	

Employee Responsibilities (Complete all that apply):

<input type="checkbox"/> I have surrendered all (check all that apply) which were entrusted to me during my employment:			
<input type="checkbox"/> Campus ID Card	<input type="checkbox"/> Building Keys	<input type="checkbox"/> Purchasing Card	<input type="checkbox"/> Manuals
<input type="checkbox"/> Cellular Phone	<input type="checkbox"/> Personal Computer	<input type="checkbox"/> Laptop/Notebook	<input type="checkbox"/> Vehicle Keys
<input type="checkbox"/> Grade Books	<input type="checkbox"/> Tools (maintenance)	<input type="checkbox"/> Police Equipment	<input type="checkbox"/> Teaching Equipment
<input type="checkbox"/> Vehicle Gas Cards	<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> College Supplies	<input type="checkbox"/> Other _____
<input type="checkbox"/> Technician Tools	<input type="checkbox"/> Inventorial Property	<input type="checkbox"/> Computer Equipment	
<input type="checkbox"/> I understand that my ABAC email address will be deactivated the day after my last official work day and I have notified appropriate email contacts of this change.			
<input type="checkbox"/> I have cleared all matters pertaining to petty cash funds and state expenditures. I understand that if I owe any outstanding monies it may be withheld from my final paycheck.			
<input type="checkbox"/> I have been informed of the option of converting my Health and/or Life Insurance to a Private Plan or COBRA (if applicable).			

Police Department Responsibilities:

<input type="checkbox"/> Keys Surrendered	<input type="checkbox"/> Campus ID Surrendered
<u>PD Signature</u>	<u>Date</u>

Signatures:

<u>Employee's Signature</u>	<u>Date</u>	<u>Supervisor's Signature</u>	<u>Date</u>
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Human Resources Responsibilities:

<input type="checkbox"/> Exit Interview	<input type="checkbox"/> DOL Separation Notice
<u>HR Signature</u>	<u>Date</u>