Job Clearance Form

(To be Received Before Exit either as Resignation/Termination)

This clearance is to attest that (*Name of Staff)* _____,

that occupied the post of _____ from _____

20____ to _____ 20_____, with ID #_____ has met the

following necessary requirements for job separation from the YMCA:

- Liquidation all expenditures with supporting receipts and documents _____
- Clearance of all outstanding advances _____
- Submitted all required/outstanding reports related to job_____
- Organized all files electronically and in box folders _____
- Submitted letter of resignation as required _____
- Provided letter of resignation in one month advance lieu of notice _____
- Completed Time Sheet for period ended _____
- Completed and submitted an official hand over note relevant to position and tasks as required_____

Comment From Immediate Supervisor or Administrator: _____

_____

_____

Signatures:

Signature Details	Immediate Supervisor	Finance Manager	Administrator	National General Secretary
Name				
Job Title				
Department				
Signature				
Date				

Received by Departing Staff:

Name _____ Signature _____ Date_____