



Technical University of Mombasa

Ref No.TUM/Form/HRM/012

STAFF CLEARANCE CERTIFICATE (On Termination of Appointment)

NB: This form is to be completed in quadruplicate and should be distributed as follows:

- Original** - **Personal File**
- Duplicate** - **Finance Officer**
- Triplicate** - **Retained by the Department**
- Quadruplicate** - **Member of Staff**

PART I: PERSONAL DETAILS

Name: P/F No:

Section: Department:

Date of Appointment: Last Date of Service:

ID No: Pin No:

Contact Postal Address:.....

Email Address:..... Cell-phone No:.....

PART II: CLEARANCE UNDER OFFICIAL STAMP

To whom it may concern:

The above named will be leaving the University on termination of employment. Departments/Sections/Units indicated in this part should kindly clear him/her with details of any monies due from the above employee in respect of lost keys, library books, petrol sales and other university property or any indebtedness to the University or public utilities in respect of rent, telephone, electricity, water and other miscellaneous charges.

If no charges are outstanding to the University property or public utilities, please sign the certificate and indicate this. No terminal emoluments and other benefits will be paid to him/her until you sign this certificate.

1.	CHAIRPERSON OF DEPARTMENT/HEAD OF SECTION	NAME:
	Remarks:	Charges (Kshs):
	Signature & Official Stamp:	Date:
2.	DEANS OF FACULTY/DIRECTOR OF INSTITUTE/REGISTRAR/HEAD OF DEPARTMENT/DIVISION	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
3.	UNIVERSITY LIBRARY	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
4.	HEALTH UNIT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:

5.	SUPPLIES DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
6.	INSTITUTE OF TECHNOLOGY & COMMUNICATION SERVICES	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
7.	EXPENDITURE SECTION	NAME:
	Remarks:	Charges (Kshs)
	Imprests	
	Debtors	
	Signature & Official Stamp	Date:
8.	REVENUE SECTION	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
9.	SALARIES SECTION	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:

10.	ESTATES SECTION	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
11.	TECHNICAL UNIVERSITY OF MOMBASA ENTERPRISES	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
12.	CATERING SECTION	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
13.	KIZIWI HOSPITALITY & TOURISM CENTRE	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
14.	SECURITY SECTION	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:

15.	OPERATIONS AND ADMINISTRATIVE UNIT	NAME:
	Remarks:	Charges (Kshs)
	Water Bills	
	Electricity Bills	
	Other Bills	
	Signature & Official Stamp	Date:
16.	TRANSPORT OFFICE	NAME:
	Remarks:	Charges:
	Signature & Official Stamp	Date:
17.	SPORTS AND GAMES OFFICE	NAME:
	Remarks :	Charges (Kshs)
	Signature & Official Stamp	Date:
18.	MEDICAL SCIENCE DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
19.	PURE & APPLIED SCIENCE DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:

20.	MATHEMATICS DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
21.	ENVIRONMENTAL SCIENCES DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
22.	BUSINESS STUDIES DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
23.	HOSPITALITY & TOURISM DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
24.	LIBERAL STUDIES DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:

25.	COMPUTING DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
26.	ELECTRICAL DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
27.	MECHANICAL ENGINEERING	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
28.	MEDICAL ENGINEERING DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:
29.	BUILDING ENGINEERING DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:

30.	MEDIA STUDIES DEPARTMENT	NAME:
	Remarks:	Charges (Kshs)
	Signature & Official Stamp	Date:

PART III: FOR HR DEPARTMENT ONLY

1. The following records have been checked and cleared(Please tick if cleared):

- a) **Bank loans/ communication to bank**
- b) **Medical Scheme card(s) returned**
- c) **Staff ID card returned**

Officer in charge of Staff Welfare (Signature and Name).....
Date.....

2. The member of staff has been removed from the HRMIS

Officer in charge of HRMIS (Signature and Name)
Date.....

3. Release of terminal benefits recommended/not recommended.

NAME: DESIGNATION:

SIGNATURE: DATE:

OFFICIAL STAMP:

PART IV: FOR FINANCE DEPARTMENT ONLY

1. All thirty (30) certificates received and the total charges are:

(Kshs): (in figures) (in words)

2. Release of terminal benefits approved

NAME: DESIGNATION:.....

SIGNATURE: DATE:

OFFICIAL STAMP: