

School Clearance Form for Teacher

Teacher's Name: _____

Subject/Grade: _____

Employee Number: _____

Date: _____

Clearance Reason:

- End of contract
- Relocation
- Personal reasons

Obligations and Responsibilities:

Item to Return	Condition	Return Date	Receiver Signature
Textbooks	_____	_____	_____
Keys	_____	_____	_____
Instructional Materials	_____	_____	_____

Final Checklist:

- Departmental sign-off
- HR sign-off for payroll and benefits
- IT department clearance

Cleared by: _____

Position: _____

Date: _____

Teacher Signature: _____