

Clearance Form PDF

Employee Details

Full Name: _____

Employee Number: _____

Department: _____

Job Title: _____

Exit Date: _____

Departmental Sign-Off

Supervisor/Manager

Name: _____

Signature: _____

Date: _____


Checklist

Return of company property

Completion of all assigned tasks

Handover documentation completed

Human Resources Sign-Off



HR Representative: _____

Signature: _____

Date: _____

Checklist

Exit interview conducted

Final paycheck issued

Benefits and entitlements processed

IT Department Sign-Off

IT Supervisor: _____

Signature: _____

Date: _____

Checklist

System access revoked

Return of IT equipment

Data and email backups

Finance Department Sign-Off

Finance Officer: _____

Signature: _____

Date: _____



Checklist

Final expense claims settled

Corporate card returned

Outstanding loans cleared

Final Approval

Authorized by: _____

Signature: _____

Date: _____