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# Employee Clearance Form

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## Personal Information

- Employee Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Position: \_\_\_\_\_
- Separation Date: \_\_\_\_\_

## Clearance from Departments

### Immediate Supervisor

- Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

### Checklist

- Return of equipment and documents
- Completion of pending work
- Handover of responsibilities

### Human Resources Department

- HR Manager: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Checklist

- Conduct exit interview
- Process final payroll
- Explain benefits and entitlements

## IT Department

- IT Manager: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Checklist

- Revoke system access
- Collect IT equipment
- Backup data

## Finance Department

- Finance Manager: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

## Checklist

- Settle final expenses
- Collect corporate card
- Clear any outstanding amounts

## Final Clearance

- Approved by: \_\_\_\_\_
- Signature: \_\_\_\_\_

- **Date:** \_\_\_\_\_