

# Construction Company

## Exit Clearance Form

**Employee Information:**

Name: \_\_\_\_\_

Project Assigned To: \_\_\_\_\_

Date of Exit: \_\_\_\_\_

**Clearance Table:**

Department/Area	Item to Clear	Clearance Status (Yes/No)	Remarks	Authorized Signatory
Site Supervisor	Safety Gear	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment Manager	Power Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Admin Office	ID Badge	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Payroll Department	Final Dues	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IT Support	Mobile Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_