

Employee Exit Clearance Form

Employee Details

Full Name: _____

Employee ID: _____

Department: _____

Last Working Day: _____

Company Asset Return

Asset Description	Asset ID	Condition	Returned (Yes/No)
Laptop/Computer			<input type="checkbox"/> Yes <input type="checkbox"/> No
Access Badge/ID Card			<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Phone			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Clearance

- Have all outstanding dues been cleared? Yes No
- Is the final salary processed? Yes No
- Comments: _____

Acknowledgment

Employee Signature: _____

Date: _____

Supervisor/Manager Signature:

Date: _____