

Exit Registration Clearance Form

Employee Information

Full Name: _____

Employee ID: _____

Last Day of Employment: _____

Department: _____

Clearance Checklist

Department/Area	Clearance Status (Yes/No)	Responsible Person	Remarks
IT	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Finance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HR	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Admin	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Acknowledgment of Clearance

I confirm that I have completed all formalities related to my exit from the organization.

Employee Signature: _____

Date: _____

Authorized Personnel Signature:

Date: _____