

# Hotel Company Exit Clearance Form

## Employee Details:

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

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

Last Day of Work: \_\_\_\_\_

## Clearance Table:

Section	Items to Clear	Clearance Status (Yes/No)	Remarks	Authorized Signatory
Housekeeping	Uniform	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Front Desk	Keycard	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Food & Beverage	Tools/Utensils	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Accounts	Reimbursement Claims	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IT Support	Electronics/Access	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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