

Resigned Employee Company

Exit Clearance Form

Employee Details:

Full Name: _____

Department: _____

Designation: _____

Employee ID: _____

Last Working Day: _____

Clearance Table:

Section	Items to Clear	Clearance Status (Yes/No)	Remarks	Authorized Signatory
Human Resources	Office Badge	<input type="checkbox"/> Yes <input type="checkbox"/> No		
IT Department	Laptop/Devices	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Administration	Keys/Access Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Accounts/Finance	Expense Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Security	Parking Card	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature: _____

Date: _____