

Employee Resignation Clearance Form

Personal Information

- Employee Name: _____
- Job Title: _____
- Department: _____
- Supervisor Name: _____
- Last Working Day: _____

Exit Checklist

A. Office Assets

- Laptop & Accessories Returned
- Mobile Phone & SIM Card Returned
- Stationery & Office Supplies Returned
- Business Cards Destroyed

B. IT and Data Access

- Email & System Access Revoked
- File Transfer Completed
- Official Documents Returned

C. Financial Clearance

- Final Salary Processed
- Tax & Benefit Deductions Cleared
- Expense Reimbursements Settled

Supervisor Comments (if any):

Signatures

Department	Supervisor Name	Signature	Date
IT Department			
HR Department			
Finance Department			

Final HR Review

HR Representative: _____

Date: _____

Signature: _____