

Office Resignation Clearance Form

Employee Information

- Full Name: _____
- Employee ID: _____
- Position: _____
- Department: _____
- Date of Resignation: _____
- Last Working Day: _____

Clearance Checklist

Company Property

1. Keys and Access Cards
 Returned Not Returned
2. Office Equipment (Laptop, Phone, etc.)
 Returned Not Returned
3. Company ID & Badge
 Returned Not Returned
4. Uniforms/Workwear
 Returned Not Returned

Financial & Administrative Clearances

5. Outstanding Advances or Loans
 Cleared Pending
6. Expense Reports
 Submitted Not Submitted

Departmental Approvals

Department	Supervisor Name	Signature	Date
IT Department			
HR Department			
Finance Department			
Facilities Department			

Final HR Approval

HR Representative: _____

Date: _____

Signature: _____