

# EMPLOYEE CLEARANCE FORM

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_ (START) \_\_\_\_\_ (END)

ACCOUNT NUMBER: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_

DATE PROGRAM REPORTS COMPLETED: \_\_\_\_\_

DATE KEYS ISSUED: \_\_\_\_\_ DATE KEYS RETURNED: \_\_\_\_\_

DATE (I.D.) ISSUED: \_\_\_\_\_ DATE (I.D.) RETURNED: \_\_\_\_\_

TYPE OF EQUIPMENT ASSIGNED: \_\_\_\_\_  
(ATTACH ADDITIONAL SHEET IF NECESSARY)

EQUIPMENT RETURNED: \_\_\_\_\_ (YES/NO) IT STAFF: \_\_\_\_\_ (INITIAL)

TRAVEL RECONCILED: \_\_\_\_\_ (YES/NO) CONTRACT REP: \_\_\_\_\_ (INITIAL)

SUPERVISORY COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONCURRED: \_\_\_\_\_ DATE \_\_\_\_\_  
EXECUTIVE DIRECTOR

CONCURRED: \_\_\_\_\_ DATE \_\_\_\_\_  
CHAIRMAN

CONCURRED: \_\_\_\_\_ DATE \_\_\_\_\_  
HUMAN RESOURCE MANAGER