

**ALCORN STATE UNIVERSITY**

**Alcorn State, MS 39096**

**Faculty /Staff Clearance and Release Form**

**Instructions:** This form must be completed before your final paycheck can be released. Please note that the Office of Business Affairs/Inventory is the last place for verification of clearance before sending to the Department of Human Resources for processing.

**AUTHORIZATION FOR RELEASE OF FINAL LIVE PAYCHECK**

**ASU ID:** \_\_\_\_\_

**NAME:** (print) \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**EMPLOYMENT DATE:** \_\_\_/\_\_\_/\_\_\_\_ **TERMINATION OR RETIREMENT DATE:** \_\_\_/\_\_\_/\_\_\_\_

**ARE YOU RETIRING?** Yes\_\_\_ No\_\_\_

**POSITION HELD:** \_\_\_ Faculty \_\_\_ Staff monthly \_\_\_ Staff biweekly \_\_\_ \*Graduate Student

**FORWARDING ADDRESS (Required):**

\_\_\_\_\_  
**Street /P.O. Box** **City** **State** **Zip Code**

**HOME TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ **DAYTIME TELEPHONE:**(\_\_\_\_) \_\_\_\_\_ **CELL:**(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Dean/Director/Department Head** **Date**

## DEPARTMENT RESPONSIBILITIES

Please make certain that the employee/departamental information for authorization of release of paycheck is complete. The Department may telephone the respective area(s) and enter the representative's name for clearance on items 1 through 13. **ALL AREAS MUST BE**

**CONTACTED AND CLEARANCE OBTAINED EITHER IN PERSON BY THE EMPLOYEE OR BY PHONE CALL BY THE DEPARTMENT SUPERVISOR.**

**IMPORTANT:** *If the employee owes funds to any area or is still in possession of equipment, technology, or proprietary published assets, the employee's final check will be held, pending payment or receipt of ASU assets. The affected department(s) must verify clearance. The completed form is sent to the Department of Business Affairs for approval and then to the Department of Human Resources for final clearance. The Business Office will then forward the final live paycheck to the former employee's address as listed in the authorization for release of paycheck.*

## TERMINATING OR RETIRING EMPLOYEE RESPONSIBILITY

Please read and ensure that the entire form has been completed and signed for clearance. You must have an authorized person in the respective area or the Director of Human Resources or designee to verify your account status and return of all ASU properties. When all accounts have been properly cleared, please return this form (in person) to the business office, and then to the human resources department.

Please verify that the mailing address is accurate. Your final live paycheck will include all regular payroll deductions, ( unless prepay benefit deductions have been cancelled by human resources), accrued vacation, any approved leave time, and any gold card credit.

You may, if you wish, complete a confidential Exit Interview Questionnaire online @ [www.alcorn.edu/humanresources](http://www.alcorn.edu/humanresources) to provide us with information about your employment while working at the University. An optional personal Exit Interview may also be scheduled by calling (601)877-6188.

**If you have questions or need additional information, please call HR at (601) 877-6108 or 601-877-6188.**

# CLEARANCE CHECKLIST

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_  
 (Print)

**TO RESPONSIBLE DEPARTMENT:** You may telephone the areas below (Items 1-13) and enter the representative's name.

ALL AREAS MUST BE CLEARED BY THE AUTHORIZED REPRESENTATIVE'S NAME. "NA" IS NOT AN ACCEPTABLE ENTRY.

#	ACTION	DATE	AUTHORIZED SIGNATURE	CLEAR
1	Corporate Credit Card (card returned) ext 6151/2 <sup>nd</sup> Floor		<b>Business Office</b>	
2	Gold Card (card returned) ext 6150/ 1 <sup>st</sup> Floor WWACB		<b>Human Resources</b>	
3	Procurement Charge card (charges paid) ext 6151/ 2 <sup>nd</sup> Floor		<b>Purchasing</b>	
4	Book store (charges paid) ext 6333		<b>Book Store</b>	
5	Library (books returned, fines paid) ext 6350		<b>Library</b>	
6	Bursar's Office (charges paid) ext 2377		<b>Business Office</b>	
7	CITS (computers) ext 6181 and 6182		<b>4<sup>th</sup> Floor CITS</b>	
8	Physical Plant ( <b>uniforms, tools, equip, vehicles</b> ) ext 6471		<b>Physical Plant</b>	
9	Responsible Department ( <b>keys, supplies, locks</b> ) ext 6471		<b>Dept. Head</b>	
10	University housing (housing inspection, keys returned) ext 4056		<b>Business Office</b>	
11	Telephone svc/calling card (charges paid, card returned, cell phones, blackberry) 2 <sup>nd</sup> Floor ext 6153		<b>Business Office</b>	
12	Infirmery/ Clinic (charges/fees paid) " <b>students only</b> " ext 6460		<b>Infirmery</b>	
13	Campus Security (charges paid, decals returned) ext 3000		<b>Police Dept.</b>	

**Please initial which is applicable:**

\_\_\_\_\_ I wish to receive payment of my unused leave time up to 240 hours

\_\_\_\_\_ I do not wish to receive payment of my unused leave time

\_\_\_\_\_ I am ineligible to receive payment of unused leave time (**transferring to another state job within the state of Mississippi; all leave time will be transferred to new employer**)

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**BUSINESS OFFICE USE ONLY**

DATE RECEIVED IN BUSINESS OFFICE \_\_\_\_/\_\_\_\_/\_\_\_\_

CLEARANCE: NO \_\_\_\_ \*(RETURN TO RESPONSIBLE DEPARTMENT FOR CLEARANCE)

CLEARANCE VERIFIED: YES \_\_\_\_

INVENTORY CLEARANCE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**HUMAN RESOURCES OFFICE USE ONLY (Final Clearance)**

\_\_\_\_\_ This certifies that \_\_\_\_\_ is eligible  
*Employee's Name*

for payment of \_\_\_\_\_ hours of unused leave time.