



EMPLOYEE CLEARANCE FORM

All employees who resign or leave the University temporarily (on a study leave or leave of absence) are requested to obtain the signature/s of the appropriate officer/s in the table below and submit this Form to the Payroll Administrator in the Finance Office.

Name of Employee _____ Date _____

Job Title _____

Department _____

Officers/Departments

1. Immediate Supervisor
2. Chairperson/Dean (text books, lab equipment, etc.)
3. Registrar (grades)
4. Librarian (books, AV materials and equipment)
5. Print Shop (magnetic card)
6. Computer Center (account deletion, equipment, etc.)
7. Director of Plant Personnel (keys).

Department	Remarks	Signature
Immediate Supervisor		
Chairperson/Dean		
Registrar		
Librarian		
Supervisor of Print Shop		
Supervisor of Computer Center		
Director of Plant Personnel		

Received by Payroll Administrator _____

Date _____

Finance Office forwards a copy to the Office of Personnel Management to keep in employee's file.