

State of Alaska Employment Clearance Form

(Submit to the Division of Personnel & Labor Relations)

Employee Name (Last, First, MI)	Employee ID #	PCN
Department/Division	Job Class Title	Separation Date

Type of Separation:

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Resignation *(PE,PR,PX,EX) | <input type="checkbox"/> Lay Off | <input type="checkbox"/> Non-Retention (Probationary) |
| <input type="checkbox"/> Termination (Non-perm, or Emergency) | <input type="checkbox"/> Retirement | <input type="checkbox"/> Seasonal LWOP / Layoff |
| <input type="checkbox"/> Transfer to Dept. of _____ | <input type="checkbox"/> Dismissal | <input type="checkbox"/> Leave of Absence
(i.e. 30+ days military leave or temporary absence) |

* I understand that I may not withdraw my resignation without prior approval from my supervisor and the Division of Personnel & Labor Relations.

Comments:

All Supervisor / Employee Responsibilities:

- 1a. ☐ All performance evaluation reports on all staff for whom I have evaluation responsibility have been prepared.
- 1b. ☐ All performance evaluation reports on all staff for whom I have evaluation responsibility will be prepared prior to my last day of employment.
2. ☐ I have surrendered all (check all that apply) which were entrusted to me during my employment:

<input type="checkbox"/> Clothing	<input type="checkbox"/> Parking Permits	<input type="checkbox"/> Equipment	<input type="checkbox"/> Identification badges or cards
<input type="checkbox"/> Keys	<input type="checkbox"/> Telephone credit cards	<input type="checkbox"/> Notary Commission	<input type="checkbox"/> Purchase/Credit Cards
<input type="checkbox"/> Field Notebook	<input type="checkbox"/> Field Purchase Order	<input type="checkbox"/> Life Jacket/Footwear	<input type="checkbox"/> Deputized Card and Badge
<input type="checkbox"/> Travel Card	<input type="checkbox"/> Cellular Phone	<input type="checkbox"/> SOP Manual	<input type="checkbox"/> Computers/Inventoriable Property
<input type="checkbox"/> Annual Pass (AMHS Vessel Only)		<input type="checkbox"/> State Vehicle with completed Employee Personal Use Commuting Log	
<input type="checkbox"/> Other _____			
3. ☐ I have deleted any work product or state email from my personal electronic devices.
4. ☐ I have cleared all matters pertaining to petty cash funds and State expenditures with the appropriate agency (check all that apply). I understand if I owe any outstanding State monies, it may be withheld from my final paycheck.

<input type="checkbox"/> Travel Advances	<input type="checkbox"/> Relocation Expenses	<input type="checkbox"/> Field Warrants	<input type="checkbox"/> Training Advances
<input type="checkbox"/> Allowances (e.g. Tool, Cell Phone)	<input type="checkbox"/> Other _____		
5. ☐ I understand that refund forms are available from the Division of Retirement and Benefits web site (www.state.ak.us/dr/b or by calling 1-800-821-2251 -- In Juneau 465-5700) for:

<input type="checkbox"/> PERS (Tier IV) and TRS (Tier III) Defined Contribution Retirement Plan	<input type="checkbox"/> Supplemental Annuity Plan (SBS-AP)
<input type="checkbox"/> Deferred Compensation Plan (DCP)	
6. ☐ I have been informed of the option of converting my Group Health and/or Life Insurance to a Private Plan or COBRA, if applicable
7. ☐ I have completed the online Exit Survey @ <http://exitsurvey.state.ak.us>
8. ☐ I understand that my final POFD statement for APOC is due 90 days after leaving state service (if applicable)

For Seasonal Leave Without Pay, Seasonal Layoff and Layoff Employees:

- 9a. ☐ I have made provisions for continuing my Health and/or Life Insurance by paying the premium.
- 9b. ☐ I am not interested in continuing my Health and/or Life Insurance by paying the premium.

Mail Final Paycheck To: (Direct Deposit is not available for Final Pay.)			Permanent Mailing Address: (To be reported to Division of Retirement and Benefits and Division of Finance for retirement statements and W-2 mailings.)		
Address or P.O. Box			Address or P.O. Box		
City	State	Zip	City	State	Zip
<input type="checkbox"/> Final Time Sheet attached	<input type="checkbox"/> Requested deletion of access to State Systems		<input type="checkbox"/> Performance evaluation attached		
<input type="checkbox"/> Final Time Sheet already forwarded	<input type="checkbox"/> Requested deletion of access to Information Technology resources (Mainframe, ALDER, Internal Systems, etc.)		<input type="checkbox"/> Performance evaluation already forwarded		
<input type="checkbox"/> Final Time Sheet to follow			<input type="checkbox"/> Performance evaluation to follow		
(Please note any overpayments or outstanding funds will be deducted from final pay.)					
Employee's Signature		Date	Supervisor's Signature		Date