



## SEPARATION CLEARANCE FORM (ADMINISTRATIVE STAFF)

Name: \_\_\_\_\_

Badge No. \_\_\_\_\_

Department: \_\_\_\_\_

Last Working Day: \_\_\_\_\_

### Clearing Department

### Signature / Date

I. **Employee's Department Head**

(Upon completion of the Final TRA)

\_\_\_\_\_

II. **Human Resources Department**

\_\_\_\_\_

III. **Library**

\_\_\_\_\_

IV. **Associate Dean, Administrative Affairs, CON**

\_\_\_\_\_

- Employee Relations

\_\_\_\_\_  
Employee Relations Officer

- Office & Desk Keys

\_\_\_\_\_  
Property & Liaison Officer

- USB Flash Memory

\_\_\_\_\_  
Programmer/Computer Lab Assistant

VI. **DEAN, College of Nursing-Riyadh**

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