

Hospital Staff Exit Clearance Form

Staff Information

Full Name

Employee ID

Department

Position

Last Working Day

Checklist

☐

All hospital property returned

☐

Access cards/keys surrendered

☐

Clearance from department head

☐

Patient records handed over

☐

Uniform returned

☐

Other

Notes

Signatures

Staff Signature

Date

Department Head

Date

HR/Administration

Date