

# Faculty Exit Clearance Form

## Personal Information

Full Name

Employee ID Number

Department

Position/Title

Last Working Day

## Clearance Checklist

| Department/Office | In-charge Name | Signature | Date | Remarks |
|-------------------|----------------|-----------|------|---------|
| Library           |                |           |      |         |
| Laboratory        |                |           |      |         |
| Finance           |                |           |      |         |
| HR/Personnel      |                |           |      |         |
| Department Chair  |                |           |      |         |

## Reason for Leaving

## Forwarding Contact Information

Address

Email

Phone

## Declaration

I hereby declare that all University assets/records under my responsibility have been duly cleared.

Signature

Date

