**EMPLOYEE CLEARANCE FORM**

**Part-I: To be completed by the Employee**

**Name : Sailaxmi Devarasetti** **Employee ID :** 606583

**Department :** Telecom **Last working day : 19-07-2024**

**Postal Address for correspondence:**

|  |  |
| --- | --- |
| Line 1: 3-4,Gandhi nagar,Ghanpur,mahabubnagar | |
| Line 2 : near busstop,Ghanpur | |
| City: mahabubnagar | State : Telangana |
| Contact Number : 7680058114 | Pin Code : 509380 |
| Personal Email ID: sailaxmi.devarashetty@gmail.com | |

**Address updated on ESS Portal (Y/N):**

**\*\*In case of any request for address change on system, please submit valid address proof before last working day**

**Part-II: To be completed by the Reporting Manager/ HOD**

* Knowledge Transfer or handover completed:
* Project specific assets handed over:
* Timesheet Updated (Incedo/Client):
* Any remarks:
* Employee ID & Signature:

**Part-III: To be completed by the Facilities Department**

* I-card/ Access Card received:
* Keys handed over:
* Any remarks:
* Employee ID & Signature:

**Part-IV: To be completed by the Finance Department (Please mention amounts, if any)**

* Any Loan/ Salary Advance:
* Corporate Credit Card:
* Official tour advance:
* Office Imprest:
* Relocation Expense Recovery:
* Any Remarks:
* Employee ID & Signature:

**Part-V: To be completed by the IT Department**

* Final Status:
* Any Remarks:
* Employee ID & Signature:

|  |  |
| --- | --- |
| **IT Assets Clearance** | **Status** |
| Laptop / Desktop |  |
| Laptop Adaptor |  |
| Bag/ Mouse/ Data Card |  |
| Mobile Phone/ Mobile Connection |  |
| Submission of Investment Proofs & FBP Bills |  |
| Tablet |  |
| Vonage / Magic Jack |  |
| Printer / Scanner |  |
| IT SPOC name: Employee ID & Signature: | |

|  |  |
| --- | --- |
| **Network Clearance** | **Status** |
| VPN |  |
| Wi-Fi |  |
| Internet Privileged Access |  |
| LAN (Access Control List) |  |
| Web Sense Privileged Access |  |
| IT SPOC name: Employee ID & Signature: | |

|  |  |
| --- | --- |
| **Data Center Team Clearance** | **Status** |
| Biometric Access (DC, LAB, HIPAA room) |  |
| Server Ownership Change |  |
| Backup Ownership Change |  |
| SQL Database Ownership Change |  |
| IT SPOC name: Employee ID & Signature: | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| |  |  | | --- | --- | | **Enterprise Applications Clearance** | **Status** | | FTP |  | | Gift Hub/ VSS/ SVN/ Code Repository |  | | Host Name Deletion from Anti-virus |  | | Host Name deletion from Sapphire |  | | Audio Bridge |  | | JiraJi Jira |  | | Software Licenses De-allocation |  | | IT SPOC name: Employee ID & Signature: | | |  |  |

|  |  |
| --- | --- |
| **Mail Admin Team Clearance** | **Status** |
| E-mail ID Deactivation |  |
| Domain ID Deactivation |  |
| Host Name Deletion from AD |  |
| IT Team member name: Employee ID & Signature: | |

**Part-VI: To be completed by the Business HR**

See Off meet closed:

Postal address check completed:

Attendance excel sheet submitted:

Remarks (if any):

Employee ID & Signature:

**Part-VII : To be completed by the HR Helpdesk**

Attendance Updated (Y/N): Leave balance as on LWD:

ESS check completed (Address, Email Id, Mobile No.): Remarks (if any):

Employee ID & Signature:

|  |  |
| --- | --- |
| **Part VIII: To be completed by the Payroll Team** | |
| No of days salary to be processed |  |
| Recovery (Any Type) |  |
| Any other payment to be done (Yes/No)  If yes, nature of payment |  |
| Any off cycle payment done in the current month (Yes/No)  If yes, nature of payment |  |
| Remarks (if any) |  |
| Employee ID & Signature: | |

|  |  |
| --- | --- |
| **Part IX: To be completed by the Full and Final settlement SPOC** | |
| Notice period – Shortfall |  |
| Recovery:   * Notice Period Buy Out * Joining Bonus * Relocation Expenses * Retention Bonus * Any Other Recovery with nature |  |
| Gratuity applicable (Y/N)  Forms related to gratuity payable submitted (Y/N) |  |
| Submission of Investment Proofs and FBP Bills |  |
| Remarks (if any) | |
| Employee ID & Signature: | |

**Part-X : Acknowledgement**

For HR helpdesk - Resignation Acceptance Letter issued (Y/N) :

Employee Signature : Date :

Note: Post completion of clearance, ECF needs to be submitted to F&F SPOC by HR Helpdesk.