
STAFF CLEARANCE FORM

This form consists of section A, B, C, and D. The staff should fill section A and submit to the managers and supervisors to clear section B, to the administrator to approve section C and to financial controller approve section D.

A. Staff Details

Name of staff	
ID No	
Position	
Data of clearance	

B. Departmental matters

Manager

Manager should insure that:

- ☐ i. Work issues are properly handover example files, reports, etc.
- ☐ ii. Any other outstanding issue.

Please state if there is/are any outstanding issue on the lines below:

If manager is satisfied with the information should sign to clear that the staff has completed the requirements.

Name:

Position:	Signature:	Date:
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Supervisors

Supervisors should ensure that:

- ☐ i. Work issues are properly handed over for example files, report, etc.
- ☐ ii. Any other outstanding issue.

Please a state if there is/are any outstanding issues on the lines below:

If supervisors are satisfied with the above information should sign to clear that the staff has completed the requirements.

Name:

Position:

Signature:

Date:

Name:

Position:

Signature:

Date:

C. Administration Matters

The administrator should ensure that:

- ☐ i. Office equipment's (if any) for example laptop, calculator, printer etc is returned by the staff is in a good condition as it was hand over to him/her.
- ☐ ii. A hospital identity card of the staff (and of his/her family if any) is /is returned
- ☐ iii. Staff identity card is returned.

If administrator is satisfied with the above information should sign to clear that the has completed the requirements.

Name:

Position:

Signature:

Date:

D. Financial Matters

The financial controller should ensure that:

- ☐ i. Staff outstanding balances paid
- ☐ ii. Financial salary of the staff is paid
- ☐ iii. Loan should be returned promptly if the staff received the loan.
- ☐ iv. Any other claims settled:

If financial controller is satisfied with the above information should sign to clear that the staff has completed the requirements.

Name:		
Position:	Signature:	Date:
Staff signature:		Checked By:
Date:		Managing Director Date: