DEPARTMENT OF HEALTH SERVICES

CLEARANCE CERTIFICATE

PART ONE : TO B	COMPLETED BY	DEPARTMENTAL HEAD
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		Name of officer leaving the service : KIBUKU KEWIH MBITU		
	1.	10116 of officer reaving the service immunity		
	2.			
	3.	Designation: PHYS IOTHERAPIST III		
	4.	Date of first appointment: 23 rd MARCY 2021		
	5.	Terms of service : THREE YEAR CONTRACT		
	6.	Termination of appointment effective from : 20108 2024		
	7.	Authority No:		
	8.	Number of days of leaves taken in the last three month:		
	9.	Outstanding house /Furniture rent:		
	10	Outstanding amount of imprest:		
	11	Telephone and other outstanding bills:		
		Personal Particulars: 7EL 0707 0 30 8 5 4		
		. Contact address: 07070 30 8 5 4		
14. This officer was under my immediate supervision and I confirm that he / she has on other				
		liabilities except what is stated above.		
		Signed: http://www.signed.		
		(*(*05 AUG 2024)*)		
Designation:				
		Date: 0108 2024		
PART TWO: TO BE COMPLETED BY H.E.L.B HEADQUARTERS				
Th.	- et:	cer was sponsored/not sponsored by H.E.L.B		
1116	9 0111	cer was sponsored/not sponsored by H.E.L.B		
Outstanding H.E.L.B Loan/ Ksh				
		TEA COUNTY DIRECTOR DEL		
		Signature:		
		Designation:		
		Date: 301812024		

2. Outstanding car loan and insurance advance Ksh. 3. Other Outstanding Liabilities. N.L. No...... date..... 5. Salary overpayment amount to Ksh. N/L Signed:..... Designation:... PART FOUR:TO BE COMPLETED BY HUMAN RESOURCE MANAGEMENT OFFICE The Officer's registration / exit is in order/not in order according to the current regulations he/she has cleared Liabilities. COUNTY DIRECTOR OF Designation: C. O. F.O. Box 2060-20100, NAKURU PART FIVE: CERTIFIED BY HUMAN RESOURSE MANAGEMENT OFFICER The officer has complied with all requirements and is hereby cleared from this Department NAKURU COUNT

HUMAN RESOURSE MANAGEMENT OFFICER

PART THREE: TO BE COMPLETED BY SALARIES HQS SECTION