

COUNTY GOVERNMENT OF ISIOLO
P. O. BOX 36 - 60300
ISIOLO



CLEARANCE CERTIFICATE

PART ONE (TO BE COMPLETED BY DEPARTMENTAL HEAD)

1. Name of officer leaving the service ABDIHANIF HUSSEIN
2. Personal Number 20210566123
3. Designation ENGINEER Job Group K
4. Date of First Appointment 23/12/2021
5. Terms of Service CONTRACT
6. Termination of Appointment 20/05/2023
7. Authority No. Dated
8. Number of days of leave taken in the last three months N/A
9. Outstanding amount of imprest
10. Outstanding House/Furniture rent N/A
11. Telephone and other outstanding bills N/A
12. Any other comments (Personal Particulars)
- Contact Address

This officer was under my immediate supervision and I confirm that he/she has no other liabilities except what is stated above.



Signed [Signature]
Designation CHIEF OFFICER
Date 02/06/2023

PART THREE (TO BE COMPLETED BY DIRECTOR, HUMAN RESOURCE MANAGEMENT)

The officer is bonded/Not bonded..... U/A

The officer's resignation/exit is in order/Not in order according to the current regulations.

He/She has cleared/Not cleared all liabilities.

Signed.....

Designation.....

Date.....



PART FOUR (TO BE COMPLETED BY FINANCE)

1. Outstanding amount of imprest.....
2. Outstanding House/Furniture Rent.....
3. Telephone and other outstanding bills.....
4. Other outstanding liabilities.....



PART FOUR (CERTIFICATE BY THE CHIEF OFFICER)

The officer has complied with all requirements and is hereby cleared from this Department.

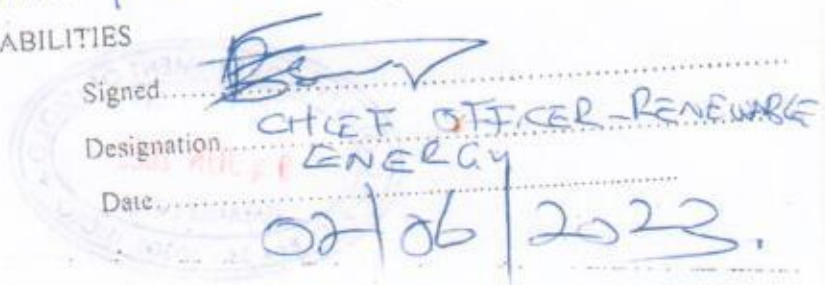
MR/MRS/MS. ABDI HANIF HUSSEIN

IS CERTIFIED CLEAR OF ALL LIABILITIES

Signed.....

Designation.....

Date.....



PART TWO (TO BE COMPLETED BY SALARIES SECTION)

1. Outstanding salary advance Kshs. N/A
2. Outstanding car loan and Insurance advance Kshs. N/A
3. Other outstanding liabilities N/A
4. Salary has been stopped with effect from 30/5/2023
according to P.C.A. NO. dated
5. Salary overpayment amounts to Kshs. N/A

**PAYROLL MANAGER
ISILO COUNTY GOVERNMENT**

Signed KAS

Designation Payroll Manager

Date 6/6/2023