CITCS-OJT17

#### Company Exit Clearance Form for OJT Students

To be filled up by OJT Student

| OJT Name |  |
| --- | --- |
| Student ID Number |  |
| Year and Course |  |
| Assigned Department |  |
| Name of Company |  |
| Control Number |  |

To be filled up by HR /Immediate Superior

| Supervisor’s Name |  |
| --- | --- |
| Supervisor’s Job Title |  |
| Contact Number |  |

**Reason for Leaving the Company**



Completed the Number of hours required by the OJT Program 

Resignation (Requires attachment of resignation letter submitted

signed by Company HR) 

Redundancy 

Termination

Others: 

Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this clearance, the Company hereby certifies that the OJT Student mentioned above has submitted himself/herself to Company’s procedure of completing the clearance form. The Company hereby agrees and acknowledges that the aforementioned OJT Student was cleared from any relevant obligations and responsibilities assigned to him/her during OJT Period upon exiting the Company’s premises.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Representative

(Signature over printed name)