

**EXIT CLEARANCE FORM**

[PRINT BOTH SIDES, SAVE PAPER]

**Employee**

Name : ERP ID :

Contact Phone No. : Personal email ID (BLOCK letters) :

Designation : Unit/Department :

Date of Joining : Date of Submitting Resignation :

Postal Address : *(This address will be used for all communication regarding Form 16 and Clearance Certificates)*

\_\_\_\_\_  
Employee Signature

Date:

**Reporting Manager**

Currently on a project: Yes ☐ No ☐

If a knowledge transfer is required, whom do you nominate? Name \_\_\_\_\_ Designation \_\_\_\_\_

Handing over the project software and documents completed? Yes ☐ No ☐

Handing over of Hardware (e.g., laptop/desktop, headsets, etc.) completed? Yes ☐ No ☐

Mobile Phone / Accessories handed over Yes ☐ No ☐ N/A ☐

ERP details updated till last working day and approved? Yes ☐ No ☐

Completed delivery of appraisal to reportees? Yes ☐ No ☐ N/A ☐

Control M access to be taken off *(Applicable to APS employees only)* Yes ☐ No ☐ N/A ☐

Employee's Last Working Day: \_\_ / \_\_ / \_\_\_\_ (DD/MM/YYYY)

Notice Period shortfall to be deducted Yes ☐ No ☐

If yes, number of days to be deducted \_\_\_\_\_

\_\_\_\_\_  
Reporting Manager Name and Signature

Date:

**Administration**

ID Card handed over

Yes ☐No ☐

Locker keys handed over

Yes ☐No ☐N/A ☐

Any other company assets (mobile etc)

Yes ☐No ☐N/A ☐\_\_\_\_\_  
Admin Manager Name and Signature

Date:

**IT Clearance**

Service Request Number: \_\_\_\_\_ for deletion of Login IDs and VoIP extension

(Please mention your IDs etc. below)

1. Logon ID disabled

Yes ☐No ☐N/A ☐

2. Request re-assigned for VOIP extension deletion

Yes ☐No ☐N/A ☐

3. Laptop service tag # \_\_\_\_\_ returned

Yes ☐No ☐N/A ☐

4. Keyfob device \_\_\_\_\_ returned

Yes ☐No ☐N/A ☐

5. Handing over of Hardware (e.g., laptop, headsets, etc.) completed?

Yes ☐No ☐N/A ☐\_\_\_\_\_  
Engineer Verified\_\_\_\_\_  
IT Clearance – Name and Signature

Date:

**Finance and Payroll**

Travel Advance \_\_\_\_\_

Foreign Exchange \_\_\_\_\_

Credit Card / WMC \_\_\_\_\_

Relocation Expenses \_\_\_\_\_

Other Expenses \_\_\_\_\_

\_\_\_\_\_  
Finance Manager Name & Signature

Date:

Medical / LTA claims \_\_\_\_\_

Submission of investment form along with proof \_\_\_\_\_

\_\_\_\_\_  
Payroll Manager Name & Signature

Date:

**HR**

- Exit Interview completed Yes ☐ No ☐
- Overseas Training Agreement signed Yes ☐ No ☐  
If yes, dues recoverable due to non-completion of 12 months period: \_\_\_\_\_
- Training/ Service agreement signed Yes ☐ No ☐  
If yes, dues recoverable due to non-completion of 24 months period: \_\_\_\_\_
- Professional development assistance agreement signed Yes ☐ No ☐  
If yes, dues recoverable due to non-completion of 12 months period: \_\_\_\_\_

Leave Balance:

PTO: \_\_\_\_\_ SL: \_\_\_\_\_

\_\_\_\_\_  
HR Manager Name & Signature

Date: