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| **EMPLOYEE CLEARANCE FORM** | | | | | | | | | | |
| **NAME:** | |  | | **EMPLOYEE NO.:** | |  | | | | |
| **DESIGNATION:** | |  | | **POSITION TYPE:** | | Full-Time  Part-Time  Seconded Other | | | | |
| **DEPARTMENT/PROJECT:** | |  | | **LAST DAY OF EMPLOYMENT:** | |  | | | | |
| **REASON FOR LEAVING:** | |  | | **LAST DAY OF ACTUAL DUTY:** | |  | | | | |
| **COMMENCED EMPLOYMENT:** | |  | | **LINE MANAGER:** | |  | | | | |
| **NOTICE PERIOD:** | | With Notice –  Without Notice | | **Remarks/Comment:** | |  | | | | |
| **CONTACT DETAILS:** | | **Tel:** | | **Address in UAE:** | |  | | | | |
| **Email:** | |
|  | | |  |  |  |  |  |  |  |  |
| **ITEMS TO BE RETURNED** | | | **DEPARTMENT** | **RETURNED BY** | **RECEIVED BY** | **RECEIVER’S**  **SIGNATURE** | **COMMENTS** | | | |
| NA ID Card | | | HR |  |  |  |  | | | |
| NA Issued Uniforms | | | Supply Chain / Logistics |  |  |  |  | | | |
| Passes | | | HR |  |  |  |  | | | |
| Fazaa Card | | | HR |  |  |  |  | | | |
| Medical Insurance Card | | | HR |  |  |  |  | | | |
| DOH / MOH License | | | HR |  |  |  |  | | | |
| Emirates / UAE ID | | | HR |  |  |  |  | | | |
| IT Related Issued Items (Laptop/Handheld Radio, etc., if any) | | | IT |  |  |  |  | | | |
| Mobile Phone | | | IT |  |  |  |  | | | |
| Training: Textbook Return | | | Education Department |  |  |  |  | | | |
| SIM Card | | | IT |  |  |  |  | | | |
| Keys: | Office / Drawer / Cabinet | | HR / Ops |  |  |  |  | | | |
| Access Cards | NA HQ Access Card | | HR |  |  |  |  | | | |
| Aldar Car Park Access Card | | HR |  |  |  |  | | | |
| Medical Equipment | | | Supply Chain / Logistics |  |  |  |  | | | |
| Company Vehicle | | | Fleet |  |  |  |  | | | |
| Outstanding Management Issues *i.e*. Performance Reviews | | | HR |  |  |  |  | | | |
| Others (please specify, if any): | | |  |  |  |  |  | | | |
| **HR Action** | | |  |  |  |  |  |  |  |  |
| **PROCESSESS** | | | **DEPARTMENT** | **ACTIONED BY** | **DATE** | **SIGNATURE** | **COMMENTS** | | | |
| Department Notification | | | HR |  |  |  |  | | | |
| Withheld Amount | | | HR |  |  |  |  | | | |
| Repatriation Ticket (if applicable) | | | HR |  |  |  |  | | | |
| Bank Notification | | | HR |  |  |  |  | | | |
| Final Payment Reviewed | | | HR |  |  |  |  | | | |
| Visa Extension Requested  Approved  Rejected | | | HR |  |  |  |  | | | |
| IT – Removal from | | | IT |  |  |  |  | | | |
| SMS Broadcast | | |  |  |  |
| Biometrics | | |  |  |  |
| Distribution Group / Global List | | |  |  |  |
| NA E-mail Account Deactivation | | | IT |  |  |  |  | | | |
| SIM Card and Data Plan Deactivation | | | IT |  |  |  |  | | | |
| Mobile Usage (if applicable) | | | IT |  |  |  |  | | | |
| Residence Visa Cancellation | | | PR |  |  |  |  | | | |
| Emirates ID Cancellation | | | PR |  |  |  |  | | | |
| Health Insurance Cancellation | | | HR |  |  |  |  | | | |
| Insurance Deduction (if applicable) | | | HR |  |  |  |  | | | |
| DOH / MOH License Cancellation | | | Licensing |  |  |  |  | | | |
| Traffic Fines Charges (if applicable) | | | Fleet |  |  |  |  | | | |
| Training: Original Certificates (if applicable) | | | Education |  |  |  |  | | | |
| Exit Interview (if applicable) | | | HR |  |  |  |  | | | |
| Certificate of Employment (COE) | | | HR |  |  |  |  | | | |
| No Objection Certificate (NOC) | | | HR |  |  |  |  | | | |
| Others (please specify, if any): | | | HR |  |  |  |  | | | |

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| **Employee Action** |  |

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| **OFFBOARDING/EXIT PROCESSES FORMS & ACKNOWLEDGEMENTS** | **REMARKS / COMMENT** | **EMPLOYEE SIGNATURE** | **DATE** |
| Pay Advise / Final Payment & EOSB Calculation |  |  |  |
| Resignation Acceptance Notice |  |  |  |
| HRF403 Exit Interview Questions |  |  |  |
| HRF407 Final Settlement and Visa Cancellation Acknowledgment Form |  |  |  |
| HRF531 Employee Clearance Form |  |  |  |
| **To be completed and coordinated with the employee’s Line Manager** | | | |
| Final Timecard Approved |  |  |  |
| Extra Duty/Overtime (if any) |  |  |  |
| Deduction/s (if any) |  |  |  |
| Pending Leave Application / Unpaid Leave / Sick Leave |  |  |  |
| Other(s) |  |  |  |

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| **FINANCIAL ISSUES** | **DETAILS** | | **TO BE REPAID OR DEDUCTED FROM PAY** |
| Final Pay Sheet attached |  | |  |
| Items to be included: | **Repayment:** | | **Employee to be paid if applicable**: |
|  | Annual Leave Taken in Advance | | End of Service Benefits |
|  | Processing costs if leaving company prior to completing probation | | Annual Leave Balances |
|  | Other: | | Other: |
| Yes No  Petty Cash  All Liabilities Cleared  Others, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **If yes, returned and reconciled**  **Comments:** | | **Signature/Date:**  Finance Department |
| Notify Finance that final payment to be actioned  Bank is to be advised that it is a final payment | | **Signature/Date:**  HR Department | |

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| **Employee Confirmation/Acknowledgement:** | |
| Final Payment Agreed  I understand that my National Ambulance email address will be deactivated the day after my last official workday, and I have notified appropriate email contacts of this change  I understand that if I owe any outstanding money, it will be withheld from my final pay  I acknowledge that I have completed the exit processes and documentation required to finalize my separation with National Ambulance.  Refused to attend the offboarding/exit processes.  Employee Signature:  Date: | |
| **National Ambulance Administrative Action completed:** | |
| **Nouf Abdullah**  HR & Corporate Services Manager/Head of Emiratization Program  Date: | **Remarks/Note:** |