**Off-Boarding Acknowledgement Form**

|  |  |  |
| --- | --- | --- |
| **Exit Processes** | **Remarks** | **Employee Signature / Date** |
| Visa Cancellation |  |  |
| Insurance Cancellation |  |  |
| DOH License Cancellation (sponsorship) |  |  |
| Fazaa Card Cancellation |  |  |
| E-mail & Intranet Account Deactivation, Removal from SMS and Global List |  |  |
| Repatriation Ticket (if applicable) |  |  |
| New Visa Copy (if applicable) |  |  |
| COE |  |  |
| NOC |  |  |
| Others: |  |  |

|  |  |  |
| --- | --- | --- |
| **Exit Process Forms & Acknowledgement** | **Remarks** | **Employee Signature / Date** |
| Pay Advise / Final Payment & EOSB Calculation |  |  |
| HRF404 Termination of Employment Checklist |  |  |
| HRF529 Legal Undertaking |  |  |
| HRF402 Leaving Acknowledgement Form |  |  |
| HRF407 Final Settlement and Visa Cancellation Acknowledgment Form |  |  |
| HRF531 Employee Clearance Form |  |  |
| HRF403 Exit Interview Questions |  |  |
| Others: |  |  |

|  |  |  |
| --- | --- | --- |
| **Items to Return** | **Remarks** | **Employee Signature / Date** |
| NA ID |  |  |
| Uniforms |  |  |
| Emirates ID |  |  |
| Fazaa Card |  |  |
| Passes (if any) |  |  |
| Company Vehicle |  |  |
| Medical Equipment |  |  |
| Others: |  |  |

I acknowledge that I have completed the exit processes and documentations required to finalize my separation with National Ambulance.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_