



<b>User Clearance Form</b>			
<b>HR Exit Clearance Form</b>			
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Document No: HR.16	Version:1.1	Effective	Relevant area: HR, IT & all other departments

Section I	Staff Details
<b>Staff Name:</b>	
<b>Job Title:</b>	
<b>Department:</b>	
<b>Unit/Section</b>	
<b>Date:</b>	

**To be filled by Manager /Head of Department (or delegated)**

Section IIA		A: Collect the following items by Last day of work		
		Items		
Yes	N/A	Description	Remarks	Overseer
<input type="checkbox"/>	<input type="checkbox"/>	CCBRT Identification Card		HR
<input type="checkbox"/>	<input type="checkbox"/>	CCBRT Name Tag		HR
<input type="checkbox"/>	<input type="checkbox"/>	NHIF Cards ( <i>Including dependents' card</i> )		HR
<input type="checkbox"/>	<input type="checkbox"/>	Does Staff have bonding agreement and do they need to pay back CCBRT?		HR
<input type="checkbox"/>	<input type="checkbox"/>	<i>Work permit cancelled (for non-Tanzanian)</i>		HR
<input type="checkbox"/>	<input type="checkbox"/>	<i>Residence permit cancelled (for non-Tanzanian)</i>		

<b>HR Officer</b>	I confirm receiving the above items.	
	<b>Full Name:</b>	
	<b>Signature:</b>	
	<b>Date:</b>	


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Section II B		B: Finance to confirm		
Yes	N/A	Description	Remarks	Overseer
<input type="checkbox"/>	<input type="checkbox"/>	Repaid advance on Salary?		FO
<input type="checkbox"/>	<input type="checkbox"/>	Staff informed Finance of outstanding loan balances?		FO
<input type="checkbox"/>	<input type="checkbox"/>	Repaid any outstanding imprest?		FO

<b>Finance Officer (FO)</b>	I confirm there is no outstanding loan owed to above employee	
	<b>Full Name:</b>	
	<b>Signature:</b>	
	<b>Date:</b>	

Section IIC		C: Collect the following items by Last day of work		
		Items		
Yes	N/A	Description	Remarks	Overseer
<input type="checkbox"/>	<input type="checkbox"/>	Changing Room Keys		LM
<input type="checkbox"/>	<input type="checkbox"/>	Office Keys		LM
<input type="checkbox"/>	<input type="checkbox"/>	Mobile Phone		LM
<input type="checkbox"/>	<input type="checkbox"/>	Camera		LM
<input type="checkbox"/>	<input type="checkbox"/>	CCBRT Uniforms		LM
<input type="checkbox"/>	<input type="checkbox"/>	Office Car Keys		LM
<input type="checkbox"/>	<input type="checkbox"/>	Any other CCBRT items given (Please specify)		LM

<b>Line Manager (LM)</b>	I confirm there is no outstanding loan owed to above employee	
	<b>Full Name:</b>	
	<b>Signature:</b>	
	<b>Date:</b>	

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Section III		ICT Checklist			
ICT Assets	YES	NO		YES	NO
Laptop/ iPad & Accessories & gate pass	<input type="checkbox"/>	<input type="checkbox"/>	Returned?	<input type="checkbox"/>	<input type="checkbox"/>
Access Card MW & Private Clinic	<input type="checkbox"/>	<input type="checkbox"/>	Returned?	<input type="checkbox"/>	<input type="checkbox"/>
ICT Systems					
Domain Account	<input type="checkbox"/>	<input type="checkbox"/>	Disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Email Account	<input type="checkbox"/>	<input type="checkbox"/>	Disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Pin Code	<input type="checkbox"/>	<input type="checkbox"/>	Disabled?	<input type="checkbox"/>	<input type="checkbox"/>
OpenClinic Account	<input type="checkbox"/>	<input type="checkbox"/>	Disabled?	<input type="checkbox"/>	<input type="checkbox"/>
SAP Account	<input type="checkbox"/>	<input type="checkbox"/>	Disabled?	<input type="checkbox"/>	<input type="checkbox"/>
Aruti Account	<input type="checkbox"/>	<input type="checkbox"/>	Disabled?	<input type="checkbox"/>	<input type="checkbox"/>

<b>ICT Officer</b>	I confirm receiving the above items.	
	<b>Full Name:</b>	
	<b>Ticket No:</b>	
	<b>Signature:</b>	
	<b>Date:</b>	

Section IV	Declaration	
<b>Staff</b>	To the best of my knowledge, I have returned all items in my possession belonging to CCBRT. I understand that failure to return items issued, could affect sums of money due to me as my final salary.	
	<b>Signature:</b>	
	<b>Date:</b>	