

Employee Clearance Form

Name		Employee No.	
Department		Position Title	
Joining Date		Location	

HR Field

Reason for Clearance:

<input type="checkbox"/> Resignation	<input type="checkbox"/> Termination إنهاء خدمات	<input type="checkbox"/> Leave إجازة	<input type="checkbox"/> Transfer نقل
Last Working Day			

Direct Management Clearance:

<input type="checkbox"/> Tasks المهام	<input type="checkbox"/> Documents الملفات	<input type="checkbox"/> Items/Tools الأدوات
<input type="checkbox"/> Others أخرى	Specify:	
Remarks		

IT Department Clearance:

<input type="checkbox"/> Laptop/PC الحاسوب/اللابتوب	<input type="checkbox"/> Email Account بريد إلكتروني	<input type="checkbox"/> Others أخرى
Remarks		

Finance Department Clearance:

<input type="checkbox"/> Loans سلفة	<input type="checkbox"/> Petty Cash عهدة	<input type="checkbox"/> Credit Card بطاقة ائتمان	<input type="checkbox"/> Debits ذمم أخرى
Remarks			

Logistics Department Clearance:

<input type="checkbox"/> Company Vehicle	<input type="checkbox"/> Accommodation	<input type="checkbox"/> Transportation
Remarks		

HR/Admin Department Clearance:

<input type="checkbox"/> Documents Completion	<input type="checkbox"/> Attendance Card بطاقات الدخول	<input type="checkbox"/> Insurance Card بطاقة التأمين
<input type="checkbox"/> Sim-Card/Mobile شريحة/جوال	<input type="checkbox"/> Vehicle مركبات	<input type="checkbox"/> Accommodation سكن
Remarks		

Signatures:

Employee	Direct Manager	IT Dept.	Finance Dept.	Logistics Dept.	HR/Admin
Date:	Date:	Date:	Date:	Date:	