

AKSID CORPORATION LIMITED

EMPLOYEE CLEARANCE FORM

Name: Designation:

ID Number: Department:

Project/Job Location: Joining Date:

Resignation Date: Relieving Date:

DEPARTMENT	DETAILS	STATUS (Put ✓Mark)	SIGNATURE (Head of the Department)
Relevant Department	Assign Task	<input type="checkbox"/> Done <input type="checkbox"/> Pending	
	Official Documents	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned	
Administration	Bike	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned <input type="checkbox"/> Not Applicable	
	Car	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned <input type="checkbox"/> Not Applicable	
MIS	Laptop	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned <input type="checkbox"/> Not Applicable	
	Desktop	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned <input type="checkbox"/> Not Applicable	
	Others	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned <input type="checkbox"/> Not Applicable	
Finance & Accounts	IOU	<input type="checkbox"/> Adjusted <input type="checkbox"/> Not Adjusted	
	Loan	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned <input type="checkbox"/> Not Applicable	
HR	Mobile SIM	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned	
	ID Card	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned	
	Business Card	<input type="checkbox"/> Returned <input type="checkbox"/> Not Returned <input type="checkbox"/> Not Applicable	

Overall Comments:

Manager, HR