

FINAL DEPARTURE CLEARANCE

Name:						Emp. No.:			
Job Title:						Department :			
Contact Number:						A/C Details :			
FINANCE									
Any Advance	HRA		Car	ı	Person	al Loan		Company Credi	t Card
Other (Please Specify):									
Finance Department: Date:									
IT									
Mobile Phone	Laptop Other (Please Specify):								
IT Department: Date:									
LEGAL									
Cancellation of POA Other (Please Specify):									
Legal Department: Date:									
ADMINISTRATION / ACCOMMODATION									
Office Keys		ol Card		Car Key		Grocery	Davr	ment/bills	
Other (Please Specify)	1 00	Or Cara		cui itey		drocery	ı ayı	nerry bills	
Administration:	Date:			Camp	Camp Boss			::	
ISO / DCC — DOCUMENT CONTROL CENTER									
Company Documents & Records Other Please Specify:									
MR / QMR – Quality Management Representative Date :									
LINE MANAGER									
Documents & Records		E	Electronic Files			Handover note			
Other (Please Specify)									
Line Manager: Date:									
HR									
Medical Insu	rance Card	\	/isa Can	cellation	n	ID Card			
Salary Transfer Letter		1			Oth	Other (Please Specify)			
Clearance Details:									
HR Department: Date:									
HR Department:								Date:	