

SINGAPORE UNIVERSITY OF TECHNOLOGY & DESIGN (SUTD)
EXIT CLEARANCE FORM

Employee Name: Jaeyong Kang

Department/Pillar/Centre: ISTD Pillar

Official Last Day: 14 February 2025

Employee ID No.: 00002599

Designation: Research Fellow I

Physical Last Day: 14 February 2025

Instructions:

1) Please ensure that ALL sections are duly signed by the respective departments even if you do not possess any of the items concerned.

2) You are advised to plan your route and make an appointment with the relevant person-in-charge.

Note: Deductions will be made from salary for failure to return items in your possession.

ITEM	Returned? Yes N/A	Name of Person In-Charge	Signature & Date	Remarks
SECTION A: REPORTING OFFICER / SUPERVISOR				
Cabinet Keys (workstation)	() ()			
Working CDs / Thumb drives	() ()			
Mobile Phone	() ()			
Working Files / Documents	() ()			
Computing Equipment purchased with all research grants*	() ()			
Lab Equipment purchased with all research grants*	() ()			
*Please append list of items				
Others: _____	() ()			
SECTION B: LIBRARY				
		BUILDING 1 LEVEL 1, LIBRARY COUNTER		
Library Books and / or Materials	() ()			
SECTION C: OFFICE OF CAMPUS INFRASTRUCTURE AND FACILITIES				
		BUILDING 2 LEVEL 5, 2.501		
Terminate Security Card / EazyRing Access	() ()			
Office Keys	() ()			
Desk Phone	() ()			
Cancel Season Parking / Return Car Decal	() ()			
Temp Card / CAN Number: _____				
Room / Workstation Number: _____				
SECTION D: IT CARE				
		BUILDING 2 LEVEL 2, 2.204		
IT Account Termination	() ()			
Email Account Termination	() ()			
Laptop & Equipment issued by IT*	() ()			
*Employee is to initiate any Assets Transfer to the respective department before last day of service on SUTD Total Asset Management Platform.				
SECTION E: OR / SOTEM / IRB (Only applicable to faculty and researchers)				
		BUILDING 3 LEVEL 5, 3.502		
* NB. Faculty will also need to complete and submit the form "Declaration for resigning academic staff" to OR 6 weeks prior to departure				
Completion or/and handover of research projects/work and fulfilment of relevant obligations	() ()			
Any invention filed / Disclosed to SOTEM	() ()			
Ethics (IRB) Approval Discontinued / Transferred	() ()			
New Contact Details (Address, Contact No., Email): _____				
SECTION F: OFFICE OF FINANCE AND CORPORATE SERVICES				
		BUILDING 3 LEVEL 6, 3.607		
Settlement of Outstanding Claims	() ()			
Purchasing Card	() ()			
Fixed / Low Value Asset(s)	() ()			
SECTION G: OFFICE OF HUMAN RESOURCES AND ORGANIZATION DEVELOPMENT				
		BUILDING 3 LEVEL 6, 3.602		
Work Pass <i>(if applicable)</i>	() ()			
Staff Pass	() ()			
Mailbox Keys <i>(Only applicable to faculty members)</i>	() ()			
FOR OFFICIAL USE ONLY:				
Cessation of Medical Benefits	() ()			To take effect immediately after employee's last day of service
Disable / Terminate Peoplesoft System Access/ID	() ()			
Conduct Exit Interview	() ()			
Leave Balance	() ()			Confirm with HOD / employee if balance is to be cleared / encashed
Flexi Benefits Claimed	() ()			Check Flexi \$ claimed to date, pro-rate and calculate any over-reimbursement
Income Tax Clearance / Collect Final Timesheet	() ()			
AUTHORISATION FOR SALARY DEDUCTION				
I authorised SUTD to deduct the following amount(s) from my salary:				
Item	Amt to Recover (\$\$)	Item (Please specify below)	Amt to Recover (\$\$)	
Flexi Ben Over Reimbursed	_____	_____	_____	
Leave (balance) / Recovery	_____	_____	_____	
Keys	_____	_____	_____	
_____		_____		_____
Name of Staff		Signature		Date