

# CLEARANCE FORM



Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Department: \_\_\_\_\_ Designation: \_\_\_\_\_

Date of Joining: \_\_\_\_\_ Location: \_\_\_\_\_

Reason for Clearance: \_\_\_\_\_

Date of Resignation: \_\_\_\_\_ Last Working Day: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Contact No. \_\_\_\_\_

Notice Period Waiver (If Any): \_\_\_\_\_ *Please attach copy of resignation letter*

**Section A:** *The above employee has accounted for all Company Assets, Dues, Debts and Liabilities except those mentioned herein and it is the employee's responsibility to circulate this form to departments listed below.*

Clearance By	Name	Signature	Date	Remarks
Line Manager				
Departmental Head				
Administration				
Finance				
HR				
IT				
Credit & Risk				
Exit Interview				

**Section B:** *To be completed by HR Department*

Payroll				
HR Manager				