**Exit Clearance Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | | Name of employee leaving the organization | | | | | Employee ID: | | | EMP ID of employee Name of employee leaving the organization |
| Email ID: | | Email ID of the employee | | | | | **Phone Ext.:** | | | Ext. of the employee |
| Section/Department: | | Section/Department of the employee  Section: | | | | | | | | |
| Location: | | Location (HR/Branch detail etc.) of the employee | | | | | **Last working Day:** | | | Final day of work for the employee in the organization |
| Before your departure, please ensure that you surrender all your entity assets and get clearance from your immediate manager, Finance and Administration office on the following items: | | | | | | | | | | |
| HR Department/Admin - Physical Access Revocation | Door Access  Desk Keys | | | | | Cancellation of benefits – medical/life  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Admin  Signature: -----------------------  Date: ---------------------------- | |
| Immediate Manager | Handover Report Submitted | | | | | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Manager  Signature: -----------------------  Date: ---------------------------- | |
| Apps. Access Revocation | Application(s) Access | | | | | EMR Access  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Apps. Admin  Signature: -----------------------  Date: ---------------------------- | |
| System Access Revocation | Username | | | | Mailbox | | | | Sys. Admin  Signature: -----------------------  Date: ---------------------------- | |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Communication Access Revocation | Phone Ext e-Fax | | | | | | | | Com. Admin  Signature: -----------------------  Date: ---------------------------- | |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| IT Asset Return | Desktop | | | Laptop | | | Printer | | IT Asset Admin  Signature: -----------------------  Date: ---------------------------- | |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| HR Section/Department Approval | Name: -----------------------  Signature: -----------------------  Date: | | | | | | |  | | |
| Finance Section/Department Approval | Name: -----------------------  Signature: -----------------------  Date: ---------------------------- | | | | | | |  | | |
| Clearance Reason | Employee End of service  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | |
| Head of Section/Department (Director) | Name: -----------------------  Signature: -----------------------  Date: ---------------------------- | | | | | | | | | |
| Comments | | | | | | | | | | |
|  | | | | | | | | | | |
| Completed By: | | | <Employee Name>  ----------------------------------------------- | | | | | Signature & Date: ------------------------------ | | |