

ASSOCIATE CLEARANCE FORM			
Associate Name	<input type="text"/>	Associate I.D.	<input type="text"/>
Designation	<input type="text"/>	Department	<input type="text"/>
Date of Joining	<input type="text"/>	Reporting To	<input type="text"/>
Date of Resignation	<input type="text"/>	Date of Relieving	<input type="text"/>

Clearance from Manager / Department Head	
List of Activities	Status (Returned / Disabled)
Documentation / Asset Handover	
Knowledge Transfer	
Client E-Mail Login	
Client Web Service Access	
Other Tools and repository logins	
Signature of K.T. receiver & Date	
Signature of the Department Head & Date	

Clearance from I.T. Admin. Department	
List of Activities	Status (Returned / Disabled)
Login Credentials	
Laptop / Desktop	
Email Access deactivated	
A.W.S / MS Azure / Google Cloud Login	
Biometric & Other Access deactivated	
Active Directory Deactivation	
Signature & Date	

Clearance from Accounts Department	
Description	Remarks & Signature
Loans / Advance / Reimbursement / Others	
Claims Submitted	
Signature & Date	

Clearance from Admin Department	
List of Activities	Status (Returned / Disabled)
Mobile / S.I.M.	
Drawer Keys	
Signature & Date	

Clearance from H.R.	
List of Activities	Status (Returned / Disabled)
Identity Card to be Returned	
Time Sheet Login Disable	
Letter of Undertaking	
Medical Insurance Deletion Intimation	
Documents submitted as per Tax Declaration in ADP portal	
Signature & Date	

Declaration by the Associate

<p>I State that I am aware of the Non-Compete, Non-Disclosure, Non-Solicitation Agreement signed along with the appointment letter is binding on me for period of twelve months from my last working day.</p> <p>I am also aware that it is my responsibility to submit all the Bills for reimbursement and Income Tax exemption based on my tax declaration. I am also aware that failure to submit the bills/documents in ADP portal will lead to deduction of TDS as appropriate in the Full and Final Settlement.</p> <p>I am aware that my last month salary will be paid to me along with the Full and Final settlement.</p>	
Associate Signature & Date	

Associate Address & Phone No	
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It is the associate's responsibility to ensure that this form is completed and returned to H.R. department for further processing of service and relieving letter. Please note that your final pay will not be prepared until this form is completed and submitted to H.R.