



CLEARANCE FORM

Employee Name:		Job Title:	
Grade/Level:		Directly Reports to:	
Department:		Post budgeted:	
Location:		Contract Type:	
Date of Joining:		End Date of Service:	
Resigned on:		Resignation Accepted:	
Notice Period Served:		Current Gross Salary	
Own Department Clearance			
All Files/Documents Handed Over Handing/Taking over completed Work in Progress Details given. Electronic data handed over		For Line Manager Name: Designation: Date: Signature:	
Comments:			
HR & Administration Section			
Office or Admin Assets Returned: ID/ other cards etc. Returned: Insurance Companies informed: Tel, Mobile, vehicle bills calculated		Name: Mr. Muhammad Usman Designation: Administration/Store In-charge Signature: Date:	
Comments:			
IT Section			
Electronic Data Backup Completed: E mails backup Completed: IT Equipment Returned: Email Address / database Blocked		Name: Designation: Signature: Date:	
Comments:			
Finance Section			
Travel Claims/Advance Adjusted: Field Cash issued settled: Salary Advance /loans Calculated Other Deductions calculated: Any other amount payable: Total Amount Payable: Total Deductions/Adjustments:		Name: Designation: Signature: Date:	
Comments: (All calculations to be attached)			

Approved by:
Director/Project Manager, CAS-AFS/NCGE