EDINBURG C.I.S.D.

CAMPUS / DEPARTMENT CLEARANCE FORM

Employee Name: _____ SSN: _____

Campus / Department: _____

Resignation /Retirement Date: _____

Last Work Day: _____

For the above named employee, please indicate any sick/vacation/compensatory time used within 30 days prior to his/her resignation date (if applicable).

Attach a copy of the completed, signed, and approved leave form(s) for supporting documentation. If leave is recent, include the original leave form for processing.

Date	Hours/Days Used	Time Used Charged to Sick/Vacation/Comp Time

If no leave has been used, please write "not applicable" in the box above.

I verify that the above named employee has cleared with this campus/department. I confirm that the following items were returned:

☐Keys ☐course materials ☐workstation equipment ☐supplies ☐uniforms ☐textbooks ☐lap top
☐Cellular phone ☐pager ☐building/office keys (if applicable, does not refer to KRONOS card)
☐Other _____

Note: KRONOS card will be submitted to Payroll during employee's exit interview

Items outstanding: _____

_____

Employee may report to the Payroll department for final clearance. This form should be delivered to the Payroll department on the employee's last day of work and before his/her scheduled interview. For convenience, this form may be faxed to the Payroll department number 386-0422 and the original documents placed in campus mail.

_____
Supervisor Name (please print)

_____
Supervisor Signature Date

Print Form