CLEARANCE FORM

Name _____ Last 4 SSN_____ EMPLID _____

Position Code_____Position Title _____

☐ Transfer/Reassignment Effective_____OR ☐ *Termination Effective _____

**** If you are continuing employment with FSCJ in another capacity, please send an email to employment@fscj.edu.***

By initialing below, I certify that I have complied with Board Rules regarding the following items upon separation:

Employee	***Supervisor***	
_____	_____	Equipment & property (computers, cell phones, iPads, uniforms, keys, etc.) returned
_____	_____	Procurement Card deactivated
_____	_____	Property accountability transferred
_____	_____	All leave entered & approved in PeopleSoft
_____	_____	Termination Request completed in PeopleSoft
_____	_____	Personal email & Mailing address updated in PeopleSoft
_____	_____	Processed reporting changes for direct reports *(Note: Do not set up a delegation.)*

_____ _____/_____/_____

Employee Signature Date

Financial Obligations – check one

(Must be cleared for final checkleave payout.)

Satisfied _____

(Approved for final pay)

Not Satisfied _____

(Amount owed below)

Artist Series $_____

Bad Debt $_____

Registration $_____

Cell phone allowance $_____

_____

Finance Approval

The final paycheck and/or leave payout can be authorized for release to this employee upon the necessary approval and receipt of the completed Termination Request in PS and Clearance Form by the Human Resources Department.

Supervisor_____ Date_____/_____/_____

Supervising Administrator _____ Date_____/_____/_____

ADMINISTRATIVE APPROVAL

Payroll_____ Date_____/_____/_____

HRIM _____ Date_____/_____/_____