

Exit Clearance Form for Contractual Workers

Employee Information

Full Name	_____
Employee ID	_____
Position	_____
Department	_____
Contract End Date	_____

Clearance Requirements

Requirement	Status	Remarks	Signature
Return of ID/Access Card	~ Cleared ~ Not Cleared		
Return of Company Equipment	~ Cleared ~ Not Cleared		
Settlement of Pending Financial Obligations	~ Cleared ~ Not Cleared		
Submission of Reports/Deliverables	~ Cleared ~ Not Cleared		
Exit Interview	~ Cleared ~ Not Cleared		

HR and Supervisor Sign-Off

Name	Position	Signature	Date
_____	HR Representative	_____	_____
_____	Direct Supervisor	_____	_____

Employee Acknowledgment

I, _____, hereby acknowledge that I have complied with all the requirements stated above and understand that failure to complete any section may affect my final pay and clearance certification.

Signature: _____ Date: _____

This form should be completed and submitted to the Human Resources Department on or before the last working day.