

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 | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared | | |
| Return of Company Equipment | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared | | |
| Settlement of Pending Financial Obligations | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared | | |
| Submission of Reports/Deliverables | <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared | | |
| Exit Interview | <input type="checkbox"/> Cleared <input type="checkbox"/> 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.