California State University Maritime Academy
EMPLOYEE CLEARANCE FORM

This form must be completed by employees prior to separation from employment.

________________________________________________
Name (Printed)  Home Street Address

________________________________________________
Classification  City, State, Zip

________________________________________________
Department  Home Phone Number

_______________________________________________
Department Head’s Signature  Employee’s Signature

_______________________________________________
Separation Date

The employee is responsible for having this form signed by a representative from EVERY department listed below. In the event a department cannot give clearance, the reason(s) should be listed under “Comments”:

_______ ACCOUNTING (Procurement card, travel advances, accounts receivable, outstanding payroll advances, safe access)

_______ CASHIERS OFFICE (Parking Permit)

_______ FACILITIES (Keys)

_______ HUMAN RESOURCES (Payroll/Employment Services/Benefits/Conflict of Interest)

COMMENTS: ____________________________________________________________

________________________________________________________________________

ALL CLEARANCES RECEIVED _______________ (Human Resources/Payroll)

REV. (10-2019)