

# 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)

\_\_\_\_\_ INFORMATION TECHNOLOGY

\_\_\_\_\_ Campus ID card, email

\_\_\_\_\_ PeopleSoft Access

\_\_\_\_\_ Equipment (laptop, iPad, etc.)

\_\_\_\_\_ Telecommunication (pager, cell phones)

\_\_\_\_\_ LIBRARY (Books, fines)

COMMENTS: \_\_\_\_\_

**THIS CLEARANCE FORM MUST BE SIGNED OFF BY EVERY DEPARTMENT LISTED ABOVE AND RETURNED TO HUMAN RESOURCES BEFORE YOUR LAST WORK DAY.**

ALL CLEARANCES RECEIVED \_\_\_\_\_ (Human Resources/Payroll)