



Clearance Certificate

Name: _____ Date: _____

Department: _____

Clearance must be acknowledged with a signature from the following departments below:

Department	Point of Contact	Location	Signature
Library (for Faculty)	Fusako Ito	Library	
Controller's Office	Sandy Lockett/ Randal Leonard	Library, lower level	
Purchasing/Procurement	Dellis Murray	Facilities Building	
Facilities Management	Darryl Williford/ Andre Tiller	Facilities Building	
Supervisor/Dept. Chair			
Office of Human Resources <i>(will sign last)</i>	Any HR Staff Member	Robinson Hall	

NOTE: The effective date of separation from the University shall be the last day worked.

Upon separation, an employee's last paycheck will be withheld until this form is completed and returned to the Office of Human Resources with all required signatures.

Keys should be turned in to the **Facilities Management** and Bowie ID Card to the Office of Human **Resources**.

Do we have your permission to give your address and/or telephone number to a requestor?

Please initial: Yes _____ No _____

If yes, please indicate your address and telephone number where you may be reached.

Address: _____ City/State:

_____ Zip: _____