

# EMPLOYEE CLEARANCE CHECKLIST

TRANSFER REASSIGNMENT

TERMINATION

EMPLOYEE NAME:

EMPLOYEE NUMBER:

EFFECTIVE DATE:

THE FOLLOWING AREAS MUST BE CLEARED PRIOR TO RELEASE OF FINAL PAYCHECK:

## OFFICE SERVICES

KEYS \_\_\_\_\_

CREDIT CARDS \_\_\_\_\_

OFFICE EQUIPMENT \_\_\_\_\_

COUNTY SUPPLIES \_\_\_\_\_

COUNTY ID CARDS \_\_\_\_\_

## SAFETY

COUNTY TOOLS \_\_\_\_\_

SAFETY EQUIPMENT \_\_\_\_\_

## DOCUMENT PROCESSING

DIVISION MANUALS \_\_\_\_\_

PROJECT MANUALS \_\_\_\_\_

OTHER DOCUMENTS \_\_\_\_\_

## DEPARTMENT CLEARANCE

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

DISPOSITION OF FINAL PAYCHECK:

CHECK RELEASED TO EMPLOYEE

CHECK MAILED TO EMPLOYEE

\_\_\_\_\_  
Payroll's Signature

\_\_\_\_\_  
Date