



## EMPLOYEE EXIT PROCESSING

This form is used to verify employees have no outstanding obligations to the college/district upon termination of employment.

Please print or type. See Instruction box below for processing instructions.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Employee Number \_\_\_\_\_  
**Service:**     Academic, Regular     Academic, Adjunct     Classified     Unclassified  
**Assignment:**  
 Location \_\_\_\_\_ Title of Position \_\_\_\_\_ Subject Field / Department \_\_\_\_\_

CLEARANCE					
DEPARTMENT / OFFICE	RETURNED		IF NOT RETURNED IDENTIFY ISSUE	CLEARANCE AUTHORIZED BY	
	N/A	YES		SIGNATURE	DATE
<b>INTER-COLLEGE DEPARTMENTS</b>					
• Cal Card					
• Laptop Computer					
• Cell phone / Peripheral(s)					
• Terminate access to email and any other ERP or database.					
• All College/Department-Issued Keys					
• Other equipment (Please List):					

### INSTRUCTIONS

- On or before your final day of employment, obtain the required authorized signature to indicate your clearance from all obligations.
  - Make a copy of the signed form for your records. Submit the signed original to your Worksite Personnel Office on your last day of work.
- \* Worksite Personnel Office will keep records of signed forms.

\_\_\_\_\_  
 Vice President of Administrative Services or Designee  
*Signature/Date*

\_\_\_\_\_  
 Employee  
*Signature/Date*