



SOUTH CAROLINA STATE UNIVERSITY
OFFICE OF THE GENERAL COUNSEL

EMPLOYEE EXIT CLEARANCE FORM

Department: Supervisor Contact Name and Phone:

Employee Information

Last Name: First Name: Middle Initial:

Employee ID#: Employee Phone:

I have reviewed all clearance procedures with my supervisor and the Office of Human Resources. I understand that I must return all University property prior to my departure. Any Annual Leave due to me will be mailed to the address on file with the Office of Human Resources.

Employee's Signature: Date:

The departing employee's immediate supervisor is responsible for submitting this form electronically for the following signatures. By signing below, the department is certifying the employee has satisfied the relevant clearance procedures.

Property and Inventory
\*Asset and Inventories
Date
Title: Date Cleared:

Facilities
\*University Keys
Date
Title: Date Cleared:

Accounts Payable
\*Travel Advances
Date
Title: Date Cleared:

Procurement
\*University Credit Cards
Date
Title: Date Cleared:

Telecommunications
\*University Cell Phones, Hot Spots, Long Distance Codes
Date
Title: Date Cleared:

UCITS
\*University Laptops, University ID
Date
Title: Date Cleared:

Office of Sponsored Programs
\*Grant reports and transition of primary contact
Date
Title: Date Cleared:

The immediate supervisor shall ensure a copy of this completed form is sent to the Office of Human Resources.