m *Employee Clearance on Terminations*

The form shown below contains all necessary instructions for completion:

1400-05-33

Employee Clearance Checklist

Last Name	First Name	Middle Initial	Social Security No.	Agency

Equipment	Initial
Vehicles	
Communicative Equipment (radios, pagers, cellular telephones, etc.)	
Office Equipment (calculators, computers, recorders, brief cases, etc.)	
Hand Tools	
Uniforms	
Custodianship	
Funds (petty cash, change funds, etc.)*	
Files and Records (including inspection reports)	
Employee Access Privileges	
Keys and Key Cards	
Employee Identification Card	
City Driver Permit and Fuel Card	
Credit Cards	
Drug Prescription Card	

Employee Certification: I have turned in or properly transferred all equipment, funds and official records entrusted to my care. I have also turned in all official identification and other employee access items.

Signature and Date

Signature of Agency Head Date

*All funds must be reconciled upon transfer to new custodian. cc: Employee Copy; Personnel Records; Attachment to Cut-Off Notice. 28-1608-5152

- Form Number: 28-1608-5152
- Type: 3-Part
- Size: 8” by 5”
- Order Unit: Specify “Pkg”
- Quantity of Forms per Order Unit: 25 Sets