HR 03
Updated: 9/24/07
1/24/08
7/23/08
9/23/08

Prairie View A&M University
Employee Clearance Form

Employee Name:_____ UIN#:_____
Last First MI

PVAMU Email: _____. PVAMU Phone Number: _____

Forwarding Address:_____
Street/P.O. Box City State Zip Tel# Email

☐ **Inter-Office Transfer** ☐ **Exiting from University**
This form must be completed and dated by an authorized representative of each department listed.
If you are transferring to another department, please complete sections (A, D, E, F, G, I, J)
If you are exiting from the University, please complete all sections.

A	☐ Returned Keys to Building/Office ☐ Leave documents current __ Yes __ No (If no, please complete documents) ☐ Does employee have signature authority __ Yes __ No (If yes, approve all pending documents) ☐ Returned Department property. (Laptop, cell phone, etc) ☐ Is the employee a creator or approver of electronic documents (Requisitions, EPA, Budgets, etc) ____ Yes ____ No (Prepare updated Account Profile Form) ☐ Cancelled access to specialized systems (Describe: _____) ☐ Has EPA document been submitted? **Department Head, Dean or Immediate Supervisor** _____ Print Signature Date
B	☐ Advised of overdue books, etc. (A copy of the paid balance needs to be attached) ☐ Cancelled Library Privileges **John B. Coleman Library (Room 207)** _____ _____ Signature Date
C	☐ Advised of balance due to University (A copy of the paid balance needs to be attached) **Fiscal Office Treasury Services (W.R. Banks Building, Room 124)** _____ _____ Signature Date
D	☐ Canceled FAMIS access **Fiscal Affairs – Accounting (W.R. Banks Building, Room 128)** _____ _____ Signature Date
E	☐ Returned telephone card ☐ Canceled long distance access code ☐ Canceled telephone privileges **Telecommunications (A.I. Thomas Building, Room 021)** _____ _____. Signature Date
F	☐ Canceled access to Network ☐ Canceled access to SIS ☐ Name removed from Phone and Web Directories ☐ Canceled telephone privileges **Information Technology Services Department (S.R. Collins, Room 126)** _____ Signature Date
G	☐ Returned parking gate card ☐ Returned University Identification Card ☐ Destroyed University Identification Card ☐ Returned parking hang tag **Auxiliary Services (MSC, Room 107)** _____ _____. Signature Date
H	☐ Returned Corporate Credit Card ☐ Destroyed Corporate Credit Card: Date & Time _____ **Travel Office (Harrington Science Building, Room 104)** _____ _____ Signature Date
I	☐ All charges have been reconciled ☐ All appropriate documentation submitted (i.e. Expense Report, receipts, Disputed Charge Form). ☐ Terminate Smart Data Online ☐ Destroyed Procard: Date & Time _____ **Financial Services (Pro-Card) (W.R. Banks Building, Room 128)** _____. Signature Date
J	**I affirm that to the best of my knowledge, I have discharged all of my responsibilities to the University and I elect to have my accrued leave handled as follows:** **Sick Leave:** ☐ Transferred to another State Agency ☐ Donated to Sick Leave Pool **Annual Leave:** ☐ Transferred to another State Agency ☐ Lump Sum Payment **Employee** _____ Print Signature Date
K	☐ Sick Leave Pool Form ☐ Leave Traq ☐ Inactivate PV PAWS Account ☐ EPA regarding Termination ☐ Canceled email access **Human Resources (Harrington Science Building, Room 109)** _____ Signature Date

****This form must be completed within 30 working days from the date of termination. ****