HR 03
Updated: 11/29/11

Prairie View A&M University
Employee Clearance Form

Employee Name:_____
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, K, L)
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: _____)

Department Head, Dean or Immediate Supervisor _____.
Print Signature Date

B **John B. Coleman Library** ☐ Cancelled Library Privileges
_____.
Signature/Initials Date

C **Treasury Services**
_____
Signature/Initials Date

D **Accounting** ☐ Canceled FAMIS access
_____
Signature/Initials Date

E **Information Resources** ☐ Returned telephone card ☐ Canceled long distance access ☐ Canceled telephone privileges/Removed from Web Directory
_____
Signature/Initials Date

F **Information Technology Services** ☐ Canceled access to SIS/Banner
_____
Signature/Initials Date

G **Auxiliary Services** ☐ Returned parking gate card ☐ Returned University Identification Card ☐ Returned parking hang tag
_____
Signature/Initials Date

H **Travel Office** ☐ Returned Corporate Credit Card
_____
Signature/Initials Date

I **Procurement Card** ☐ All charges have been reconciled ☐ All appropriate documentation submitted
_____.
Signature/Initials Date

J **Institutional Research** ☐ Notified of Employee Separation
_____
Signature/Initials Date

K **Payroll** ☐ Remove Time Traq Access.
_____.
Signature/Initials Date

L **Office of Sponsored Programs** ☐ Remove Time Traq Access.
_____
Signature/Initials Date

M **I affirm that to the best of my knowledge, I have discharged all of my responsibiliti University and I elect to have my accrued leave handled as follows:**
Sick Leave: ☐ Transferred to another State Agency ☐ Donated to Sick Leav
Annual Leave: ☐ Transferred to another State Agency ☐ Lump Sum Payment

N

☐ Sick Leave Pool Form ☐ Leave Traq ☐ Inactivate PV PAWS Account ☐ Cleared Immigration
☐ EPA regarding Termination ☐ Canceled Network and email access and removed from Web Directory

Human Resources (Harrington Science Building, Room 109) _____.
Signature/Initials Date

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