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

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