

**The University of Tennessee Health Science Center  
Resident Employee Clearance Record**

Name		SSN	
Forwarding Address (W2 will be mailed to this address)		Program	
		Title	
Home Phone		Term Reason	Term Date

**INSTRUCTIONS:** An employee terminating or taking a leave of absence without pay is responsible for securing the clearance actions indicated on this form. *This completed form needs to be taken to the GME Office at 910 Madison Avenue Suite 1031 for final clearance.*

Activity	Authorized Activity Representative	Outstanding Obligation		
<b>PROGRAM OFFICE</b> Books, Tools, Phone Card, Uniforms, Equipment, Keys, etc. Program Director or Coordinator Signs	Name or Code	Date	Credit to	Amount
<b>LIBRARY (8-5634)</b> Books, Periodicals, Fees	Name or Code	Date	Credit to	Amount
<b>PARKING SERVICES (8-5546)</b> Decals, Parking Fees, Citations	Name or Code	Date	Credit to	Amount
<b>CAMPUS POLICE (8-5679)</b> ID Card, Keys	Name or Code	Date	Credit to	Amount
<b>CASHIER'S OFFICE (8-5550)</b> Fees, Travel Advances, Returned Checks	Name or Code	Date	Credit to	Amount
<b>GME OFFICE</b> You turn in the form here. GME will sign and forward to the Payroll Office.	Name or Code	Date	Credit to	Amount
<b>PAYROLL OFFICE (8-5574)</b> American Express Card (returned)	Name or Code	Date	Credit to	Amount

I hereby certify that I have cleared all accounts with the University, with the exception of those amounts listed above.

Amounts listed above and those accounts not properly cleared by me will be deducted from my final pay.

Employee: \_\_\_\_\_ Date \_\_\_\_\_

Approved by GME Office \_\_\_\_\_ Date \_\_\_\_\_