

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

Name		SSN	
Address		Department	
		Title	
Home Phone		Term Reason	Term Date

INSTRUCTIONS: An employee terminating, retiring or taking a leave of absence without pay is responsible for securing the clearance actions indicated on this form. See the reverse side of this form for additional guidance and action requirements. *This completed form needs to be taken to the Payroll Office 62 S. Dunlap, Suite 120 for final clearance.*

ACTIVITY	AUTHORIZED ACTIVITY REPRESENTATIVE	OUTSTANDING OBLIGATION		
1. BASE DEPARTMENT Books, Tools, Phone Card, Uniforms, Equipment, Keys, Am. Ex. Card, Care of Animals, etc.	Name (Please Print)	Date	Credit to	Amount
2. LIBRARY (8-5634) Books, Periodicals, Fees	Name (Please Print)	Date	Credit to	Amount
3. BOOKSTORE (8-5623) Charges, Rental, Loan	Name (Please Print)	Date	Credit to	Amount
4. PARKING SERVICES (8-5546) Decals, Parking Fees, Citations	Name (Please Print)	Date	Credit to	Amount
5. CAMPUS POLICE (8-5679) ID Card, Keys	Name (Please Print)	Date	Credit to	Amount
6. CASHIER'S OFFICE (8-5550) Fees, Travel Advances, Returned Checks	Name (Please Print)	Date	Credit to	Amount
7. HUMAN RESOURCES (8-5600) Educational Assistance, Retirement, Exit Interview, Insurance	Name (Please Print)	Date	Credit to	Amount
8. PAYROLL OFFICE (8-5574) American Express Card (returned)	Name (Please Print)	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 Department Head _____ Date _____

November 2007