

**Clearance Certificate**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clearance must be acknowledged with a signature from the following departments below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **Point of Contact** | **Location** | **Signature** |
| **Library** (for Faculty) | **Fusako Ito** | **Library** |  |
| **Controller’s Office** | **Sandy Lockett/**  **Randal Leonard** | **Library, lower level** |  |
| **Purchasing/Procurement** | **Dellis Murray** | **Facilities Building** |  |
| **Facilities Management** | **Darryl Williford/**  **Andre Tiller** | **Facilities Building** |  |
| **Supervisor/Dept. Chair** |  |  |  |
| **Office of Human Resources**  *(will sign last)* | **Any HR Staff Member** | **Robinson Hall** |  |

**NOTE: The effective date of separation from the University shall be the last day worked.**

Upon separation, an employee’s last paycheck will be withheld until this form is completed and returned to the Office of Human Resources with all required signatures.

Keys should be turned in to the **Facilities Management** and Bowie ID Card to the Office of Human **Resources.**

Do we have your permission to give your address and/or telephone number to a requestor?   
Please initial: Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

If yes, please indicate your address and telephone number where you may be reached.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Updated May 2022*