

TERMINATION CLEARANCE FORM

This form shall be given to all employees upon receipt of notice of separation of employment. *Supervisor or employee shall immediately enter work order to notify IT of separation.* All items must be cleared by the appropriate departmental representative (initialed and dated) except for those the employee should contact directly. The completed form will then be returned to the initiating department for signatures. All items must be cleared before the form is signed and distributed.

EMPLOYEE: _____ DEPT./DIVISION: _____

EMPLOYEE I.D. NO.: _____ JOB TITLE: _____

TERMINATION DATE: _____ (Copy of Documentation Attached by Dept.)

LAST DAY WORKED: _____

DEPARTMENT	ITEM	CLEARED BY	DATE
INFORMATION TECHNOLOGY	Email Account/Phone	Work Order Ticket#	
	Lawson/Cabinet Security	Work Order Ticket#	
FINANCE	Travel Advance		
	Other		
HUMAN RESOURCES	Insurance Info (COBRA)		
	NeoGov Account Access		
	Residency Incentive		
	Recruitment Incentive		
	Retirement Contribution (LOPFI participants must contact LOPFI directly at 501-682-1745 or www.lopfi-prb.com .)		
	Deferred Compensation (Contact directly)	AR Diamond – 1-800-905-1833 VOYA – 603-0100 ICMA – 1-800-669-7400	Nationwide – 1-877-677-3678 AG Edwards – 664-9135
DEPT./DIVISION	Badge/ID Card/Sonitrol Card		
	Keys (Bldg. & Vehicle)		
	Parking Tag		
	Tuition Aid		
	Tools/Equipment		
	Uniform/Fuel Card		

I hereby certify that I have turned in all City property assigned to me and/or in my possession and have no outstanding obligation to the City. I understand that if it is determined that I have been overpaid or if payments have been made on my behalf (garnishment payments not withheld, etc.) that it is my responsibility to repay those amounts to the City of Little Rock.

Employee Signature

Date

RETURN COMPLETED FORM TO THE DEPARTMENT DIRECTOR FOR FINAL AUTHORIZATION.
Clearance is complete and final check may be released.

Department Director

Date