

# TERMINATION CLEARANCE

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 DATE WORKED: \_\_\_\_\_ EMPLOYEE PHONE #: \_\_\_\_\_

DEPARTMENT	ITEM	CLEARED BY	DATE
INFORMATION TECHNOLOGY	Email Account/Phone	Work Order Ticket#	
	Mobile Device Data Wipe (Phone and/or Tablet)		
FINANCE - ACCOUNTS PAYABLE	Travel Advance/Other		
	Lawson/Cabinet Security		
HUMAN RESOURCES	Insurance Info (COBRA)		
	NeoGov Account Access		
	Parking Tag		
	Retirement Contribution (LOPFI participants must contact LOPFI directly)		
	Deferred Compensation (Contact directly)	AR Diamond/VOYA – 501-301-9900 ING – 501-603-0100 ICMA – 1-800-669-7400	
DEPT./DIVISION	Badge/ID Card/Sonitrol Card		
	Keys (Building & Vehicle)		
	Tools/Equipment		
	Tuition Aid		
	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 including but not limited to Parking Tickets, Tuition Aid, Travel Payment, Payroll Reimbursement. I understand that if it is determined that I owe money to the City, 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 Signature

\_\_\_\_\_  
Date