



FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE
CLEARANCE FORM

Status: _____ Effective Date _____
() Transfer/Reassignment
() Separation – type _____ Profs ID _____
() Retirement
() Other _____ Eligible for rehire? ____ Yes ____ No

Name _____ PID # _____

Position Code _____ Positions Title _____
(Full-time and Regular Part-time only)

I certify that I have complied with Board Rules for the following: (Please check each space)

- _____ Equipment, property, (computers, cell phones, pagers etc.) credit cards and keys returned
- _____ Procurement Card deactivated
- _____ Property accountability transferred (APM 04-1309)
- _____ Official records – completed and returned
- _____ Separation form completed
- _____ Financial obligations
 - _____ Satisfied – approved for final paycheck release
 - _____ Not Satisfied – payroll to be notified prior to release of final paycheck

Signature of Employee

Mailing Address

City State Zip Code

The final paycheck can be authorized for release to this employee upon the necessary approval and receipt of the completed separation and clearance forms in the Human Resources Department.

ADMINISTRATIVE APPROVAL

Supervisor _____ Date _____
Supervising Administrator _____ Date _____

HUMAN RESOURCES APPROVAL

Records Section _____ Date _____
Human Resources Administrator _____ Date _____