

**Prairie View A&M University
Employee Clearance Form**

HR 03
Updated: 9/24/07
1/24/08
7/23/08
9/23/08

Employee Name: _____ UIN#: _____
Last First MI

PVAMU Email: _____ PVAMU Phone Number: _____

Forwarding Address: _____
Street/P.O. Box City State Zip Tel# Email

Inter-Office Transfer Exiting from University

This form must be completed and dated by an authorized representative of each department listed.

If you are transferring to another department, please complete sections (A, D, E, F, G, I, J)

If you are exiting from the University, please complete all sections.

A	<input type="checkbox"/> Returned Keys to Building/Office <input type="checkbox"/> Leave documents current __ Yes __ No (If no, please complete documents) <input type="checkbox"/> Does employee have signature authority __ Yes __ No (If yes, approve all pending documents) <input type="checkbox"/> Returned Department property. (Laptop, cell phone, etc) <input type="checkbox"/> Is the employee a creator or approver of electronic documents (Requisitions, EPA, Budgets, etc) _____ Yes _____ No (Prepare updated Account Profile Form) <input type="checkbox"/> Cancelled access to specialized systems (Describe: _____) <input type="checkbox"/> Has EPA document been submitted? Department Head, Dean or Immediate Supervisor _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Print Signature Date </div>
B	<input type="checkbox"/> Advised of overdue books, etc. (A copy of the paid balance needs to be attached) <input type="checkbox"/> Cancelled Library Privileges John B. Coleman Library (Room 207) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>
C	<input type="checkbox"/> Advised of balance due to University (A copy of the paid balance needs to be attached) Fiscal Office Treasury Services (W.R. Banks Building, Room 124) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>
D	<input type="checkbox"/> Canceled FAMIS access Fiscal Affairs – Accounting (W.R. Banks Building, Room 128) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>
E	<input type="checkbox"/> Returned telephone card <input type="checkbox"/> Canceled long distance access code <input type="checkbox"/> Canceled telephone privileges Telecommunications (A.I. Thomas Building, Room 021) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>
F	<input type="checkbox"/> Canceled access to Network <input type="checkbox"/> Canceled access to SIS <input type="checkbox"/> Name removed from Phone and Web Directories <input type="checkbox"/> Canceled telephone privileges Information Technology Services Department (S.R. Collins, Room 126) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>
G	<input type="checkbox"/> Returned parking gate card <input type="checkbox"/> Returned University Identification Card <input type="checkbox"/> Destroyed University Identification Card <input type="checkbox"/> Returned parking hang tag Auxiliary Services (MSC, Room 107) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>
H	<input type="checkbox"/> Returned Corporate Credit Card <input type="checkbox"/> Destroyed Corporate Credit Card: Date & Time _____ Travel Office (Harrington Science Building, Room 104) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>
I	<input type="checkbox"/> All charges have been reconciled <input type="checkbox"/> All appropriate documentation submitted (i.e. Expense Report, receipts, Disputed Charge Form). <input type="checkbox"/> Terminate Smart Data Online <input type="checkbox"/> Destroyed Procard: Date & Time _____ Financial Services (Pro-Card) (W.R. Banks Building, Room 128) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>
J	I affirm that to the best of my knowledge, I have discharged all of my responsibilities to the University and I elect to have my accrued leave handled as follows: Sick Leave: <input type="checkbox"/> Transferred to another State Agency <input type="checkbox"/> Donated to Sick Leave Pool Annual Leave: <input type="checkbox"/> Transferred to another State Agency <input type="checkbox"/> Lump Sum Payment Employee _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Print Signature Date </div>
K	<input type="checkbox"/> Sick Leave Pool Form <input type="checkbox"/> Leave Traq <input type="checkbox"/> Inactivate PV PAWS Account <input type="checkbox"/> EPA regarding Termination <input type="checkbox"/> Canceled email access Human Resources (Harrington Science Building, Room 109) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Signature Date </div>

**This form must be completed within 30 working days from the date of termination. **