

## **EMPLOYEE EXIT PROCESSING**

This form is used to verify employees have no outstanding obligations to the college/district upon termination of employment.

Please prin	t or type. See Instruction box belo	ow for	processi	ng instruct	tions.			
Last Name First Name				Middle Name	Empl	Employee Number		
Service: Academic, Regular		Academic, Adjunct		Adjunct	Classified	Unclassifie	Unclassified	
Assignme	nt:							
J		of Posi	Position Subject Field / Department					
				CLEARAN	NCE			
			RETURNED		OT RETURNED	CLEARANCE AU	CLEARANCE AUTHORIZED BY	
DEPARTMENT / OFFICE					ENTIFY ISSUE	SIGNATURE	DATE	
INTER-COLLE	GE DEPARTMENTS	1						
• Cal	Card							
• Lap	top Computer							
• Cell	phone / Peripheral(s)							
	minate access to email and any other P or database.							
• All C	College/Department-Issued Keys							
• Oth	er equipment (Please List):							
<ul> <li>Make a c work.</li> </ul>	fore your final day of employment copy of the signed form for your re Personnel Office will keep record	cords.	n the req Submit	the signed	orized signature to i			
Vice Preside Signature/Da	nt of Administrative Services or Desigate	nee			Employe Signature	e e/Date		