

Final Clearance and Resignation Acceptance Form

Employee Name:

Employee ID:

Department:

Position:

Date of Resignation:

Last Day of Work:

Asset Clearance Checklist

Item	Returned?	Remarks
ID Card	<input type="checkbox"/>	<input type="text"/>
Laptop/Computer	<input type="checkbox"/>	<input type="text"/>
Keys/Access Card	<input type="checkbox"/>	<input type="text"/>
Other Property	<input type="checkbox"/>	<input type="text"/>

Exit Interview Notes

HR Clearance By:

Date:

Employee Signature
Date: _____

HR/Management Signature
Date: _____