

**UNIVERSITY OF ARKANSAS AT PINE BLUFF
PINE BLUFF, ARKANSAS 71601**

Faculty and Staff Clearance Form

Date of last day worked or intended last day to be worked: _____

I, _____, hereby request clearance from UAPB through the following areas:

Department Head	_____	Remarks	_____
Hatchery Mgr.	_____	Mrs. Cobbs	_____
*Divisional Dean	_____	Remarks	_____
* Registrar	_____	Remarks	_____
**Inventory	_____	Remarks	_____
Library	_____	Remarks	_____
Controller	_____	Remarks	_____
Personnel	_____	Remarks	_____
Learning Resources Center	_____	Remarks	_____
Credit Union	_____	Remarks	_____
Title III	_____	Remarks	_____
Purchasing (Cell Phones)	_____	Remarks	_____
Building Manager	_____	Remarks	_____
Admin. Computer Center	_____	Remarks	_____
Public Safety (Director)	_____	Remarks	_____
Vice Chancellor	_____	Remarks	_____
***CHANCELLOR	_____	Remarks	_____

-This form must be completed by all exiting personnel before final checks will be released.

-Such items that may be considered for clearance are keys, books, grade sheets and/or roll books, equipment, financial obligations or fines, etc.

-*Only academic personnel need clearance by divisional deans and the Registrar.

-**For supervisors only. Before Inventory can approve this form, a complete inventory must be taken of the area you supervise. Inventory staff will act as expeditiously as possible.

-Department head should sign when designated requirements are satisfied.

-All office and building keys should be returned to the building manager.

-All leave records must be completed prior to completion of clearance.

-***Please obtain this signature last, prior to returning clearance form to the Office of Personnel.

(PLEASE COMPLETE THE FOLLOWING SURVEY)

EXIT SURVEY

Was your termination voluntary? YES () NO ()

Are you retiring? YES () NO ()

Is a copy of your letter of resignation on file in the Office of Personnel? YES () NO ()
If no, please provide a copy.

Were you furnished information about the following:

Extending insurance benefits and/or conversion to individual policies? YES () NO ()

Retirement plan information? YES () NO ()

Did you provide at least a two-week notice? YES () NO () If no, please explain: _____

Was your working experience at UAPB favorable? YES () NO () If no, please explain:

COMMENTS: _____

Do you want your final check mailed? YES () NO ()

FORWARDING ADDRESS:

Signature: _____

Date: _____
