



FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE  
CLEARANCE FORM

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

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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 \_\_\_\_\_