XAVIER UNIVERSITY

Human Resources Office

**EMPLOYEE CLEARANCE FORM**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit/Dept./College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Title/Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Status: Regular Faculty Regular Staff Substitute

Formator Contractual

Last day of active Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: a. Leave of absence without pay Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. End of Contract effective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Resignation effective: \_\_\_\_\_\_\_\_\_\_\_\_\_

d. Retirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Transfer to another Department

f. Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon separated, I understand that I have an on-going responsibility to maintain the confidentiality of any student and/or employee information to which I may have had access during my employment. I understand that my final pay will be released only upon completion of this Employee Form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature Date

Employees must visit university offices to obtain the appropriate signature before the exit.

|  |  |  |
| --- | --- | --- |
|  | PRINTED NAME & SIGNATURE | DATE |
| 1. Dept. Clearance   c  Key Desk  Computer Cellphone  Other Equipment  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 2. Library  Library Fines  Library Materials |  |  |
| 3. Campus Ministries |  |  |
| 4. Book Center |  |  |
| 5. Physical Plant |  |  |
| 6. Finance Office |  |  |
| 7. CISO Laptop  Access to XU mail |  |  |
| 8.AVP |  |  |
| 9. Registrar |  |  |
| 10. HR Director \*  RFID UNIFORM |  |  |

**\* Submit a notarized Affidavit of Loss if the ID is lost.**

**Departments are responsible for costs associated with the failure to secure university property & resources upon separation of an employee.**

Distribution: HR Office, Finance Office, Employee.