

Company Name**Exit Clearance Certificate**

Document No:
Rev. No. :
Date :

Employee's Name :

Designation :

Employment Code :

Date of Joining :

Company :

Date of Resignation:

Department :

Date of Relieving :

Note: - Authorised person are responsible for any missing data in the following description.

Department	Item to be returned/ Due to be cleared	Recd.	Name of the Receiver	Signature of the Receiver & Date	Remarks.
Own Dept.	Returnable Stationery		HOD		
	Files				
	Documents				
	Books/Journals				
	Manuals				
	Any other item				
Admin.	Locker Keys		Admin		
	Calculator				
	Any other Item				
HR/Admin.	Access Card/ Identity Card		Admin/HR		
	Desk/Drawer keys				
	Mobile/SIM CARD				
	Any other item				
Library	Books		Library		
	Any other items				
IT	Delete Login/Mail Box		IT		
	Laptop / Computer etc.				
	Pan drive / dongle				
	Any other item				
HR	Leave Balance.		HR		
	Earned Leave Balance				
	Sick Leave Balance				
HR	Encashment of Earned Leave – No of days.				
	Exit interview (Done by Dep. HOD)				
Payroll	Payable to Employee:				
	Due from employee:				

Remarks:-
