

**Staff Semestral End Clearance Form**

This Semestral End Clearance Form is required for all support staff of [Institution Name] at the end of each academic semester. It serves to confirm that the employee has fulfilled all duties, returned institutional property, and settled any obligations with relevant departments.

**Instructions:**

1. Fill out the Employee Information section completely.
2. Proceed to each listed department/unit for clearance signing.
3. Ensure that all items in each unit's checklist are satisfied before requesting a signature.
4. Submit the completed form to the Human Resource Management Department (HRMD) for final processing.

Note: Incomplete clearance may delay processing of documents, final pay, or reappointment for the next semester.

**Employee Information**

Name of Employee: \_\_\_\_\_  
 Department / Unit / Office: \_\_\_\_\_  
 Position Title: \_\_\_\_\_  
 Name of Immediate Supervisor: \_\_\_\_\_  
 Covered Academic Year / Semester: \_\_\_\_\_

OFFICES	Name and Signature	Date
<b>1. Property Custodian</b> Inventory list reconciled Assigned equipment are properly tagged Damage / lost / transmittal properly documented	_____	_____
<b>2. MIS/IT Department</b> Assigned devices / equipment are properly tagged Institutional email checked if in active use (with no pending or unopened email)	_____	_____
<b>3. Library (If applicable)</b> Return of borrowed library materials	_____	_____
<b>4. Finance Office</b> Liquidated all cash advance and requests	_____	_____
<b>5. Immediate Supervisor</b> Completion of all assigned task and responsibilities Department-issued equipment and tools all accounted for Performance evaluation form completed and submitted	_____	_____
<b>6. HRMD</b> DTR properly submitted No pending HR-related requirements or issue Update of 201 file (if applicable)	_____	_____

**EMPLOYEE AFFIRMATION**

I certify that I have returned all properties and fulfilled all obligations related to my role as support staff for the semester indicated. I understand that failure to comply may delay the release of any final pay, documents, or future reappointment.

Signature of Employee: \_\_\_\_\_  
 Date: \_\_\_\_\_

**FINAL HRMD ENDORSEMENT**

This is to certify that the above-named employee has been cleared of all institutional obligations for the semester stated.

Cleared by HR Officer: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_