

Clearance Form for Terminating Employees (Faculty & Staff)

Department of Medicine, Medical College of Georgia

1. Division Manager/Business Manager.

Please complete the information below prior to the employee's last day of work. Provide this form to the employee and provide the employee with instructions on completing this process and have them return it to you, **then give them the HR Clearance form to use for HR processing.**

Employee Name: _____ Employee ID: _____
 Division: _____ Last Day of Work: _____

2. Employee

Please obtain the appropriate signatures for each item listed below. After all signatures have been obtained, **return this form to the person who gave it to you.** You will then receive another form to process out with Human Resources.

If your address and/or telephone number will be changing, please provide this information below.

New Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

New Telephone Number: () - - Contact Telephone Number: () - -

New email address: _____

Items to turn in:	Person responsible:	Signature of Person	Date
P-card	Accountant - BI5076		
Phone card	Accountant - BI5076		
Pager	Division/Business Mgr.		
Desk Keys	Division/Business Mgr.		
MCGHI Office Keys	Parking Deck Office-15 th St.		
IT Equipment	Security Administrator - BI5076		
AccessIS	Security Administrator - BI5076		
Voice Mail password	Division/Business Mgr.		
Turn off screen saver requiring password	Division/Business Mgr.		
Forward email to another email	Division/Business Mgr.		
Create email rule with contact info	Division/Business Mgr.		
Save documents, presentations, etc. to thumb drive or CD	Division/Business Mgr.		
Delete person from email calendars in division	Division/Business Mgr./Calendar Owner		
Delinquent Medical Records(Faculty & Physician Extenders)	Division/ Business Mgr. (Status on Medical Record, contact Ann Walker HIMS)		

Business Manager's signature when all items cleared:

Date:

_____/_____/_____