



# RESEARCH CORPORATION OF THE UNIVERSITY OF GUAM

## EMPLOYEE SEPARATION CLEARANCE

Employees separating from RCUOG must complete this form and have it signed by their supervisor.

Employee Name: \_\_\_\_\_

Payroll/Colleague ID #: \_\_\_\_\_

Employee mailing address: \_\_\_\_\_

## DEPARTMENT UNIT

Department/Unit: \_\_\_\_\_

Part-Time Employee

Full-Time Employee

20 Week Hire

Student Recruitment and Retention

I acknowledge that the following items, if issued to the employee, have been turned into the unit:

Office/Lab Keys

Not applicable

Computer

Not applicable

Tools

Not applicable

Other \_\_\_\_\_

Supervisor's signature (Print and sign): \_\_\_\_\_

## RCUOG

Accounting

(Travel advances and petty cash)

Processed by:

Date:

Cancellation of Insurance Coverage

Processed by:

Date:

Executive Director

Processed by:

Date:

## HUMAN RESOURCES OFFICE

Records and Benefits

(Close out)

Processed by:

Date:

Cancellation of Insurance Coverage

Processed by:

Date:

(Sent to Payroll)