



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: