



EMPLOYEE SEPARATION CLEARANCE

NAME: _____ SSN (LAST 4): _____
POSITION TITLE: _____
DEPARTMENT/SECTION: _____ HOME PHONE: _____

THE SEPARATING EMPLOYEE MUST PERSONNALLY CLEAR WITH THE FOLLOWING DEPARTMENTS IN THE ORDER BELOW:

PLEASE NOTE:

YES

Indicates the employee has an outstanding obligation due to the agency or pending clearance.

NO

Indicates the employee is cleared with NO outstanding obligations.

DEPARTMENT		OBLIGATIONS		CLEARED BY	CONTACT NUMBER	DATE
		YES	NO			
1.	Employee's Department / Agency	☐	☐			
2.	Department of Revenue and Taxation, Collections Branch	☐	☐			
3.	Office of the Attorney General - Child Support Enforcement Division.	☐	☐			
4.	Guam Memorial Hospital Authority, Patient Affairs Department	☐	☐			
DEPARTMENT OF ADMINISTRATION						
5.	Admin. Services and Records Branch, DOA, HR Division (Executive Branch Line Agency Employees ONLY)	☐	☐			
6.	IT Clearance, Office of Technology	☐	☐			
7.	Insurance Clearance, Division of Personnel Management	☐	☐			
8.	Treasurer of Guam, Distribution Window, Ground Floor (APPRENTICE EMPLOYEES ONLY)	☐	☐			
9.	Travel Section & Accounts Receivable, Division of Accounts	☐	☐			
10.	Treasurer of Guam, Distribution Window	☐	☐			

*** IF AN EMPLOYEE HAS AN OBLIGATION PENDING, PLEASE NOTE STATUS ON HOW PAYMENT IS MADE, OR AN ATTACHMENT EXPLAINING STATUS.**

The undersigned employee hereby acknowledges the above-mentioned certification to be true and correct.

EMPLOYEE'S SIGNATURE

DATE