CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF

HUMAN RESOURCES

Incident IQ Equipment assignment list attached. Provided by Inv.Mgmt _____(initials)

FINAL CAMPUS/ DEPARTMENT CLEARANCE

Employee Information

Employee Name: _____ SSN: XXX-XX-

Position: _____ Campus/Dept: _____

Resignation Date: _____

For Campus/Dept. Administrator use only

☐ Required **only** for federally funded employees: A time & effort certification form must be completed & signed by the employee on the last day of employment.

All District materials, equipment, uniforms, employee ID and/or keys have been returned.

☐ Yes ☐ No

Is employee owed comp time (if applicable)? If so, how many hours are owed: _____

The employee has satistfied all campus/department exit criteria indicated above.

_____ _____

Principal / Administrator Signature Date

For Business Services use only

Employee is cleared to complete exit process: ☐ Yes ☐ No

_____ _____

Signature/Business Services Date

For Department of Human Resources use only

The employee has satisfied all exit criteria and is eligible to receive his/her final paycheck.

_____ _____

Signature/Department of Human Resources Date

DEPARTMENT OF HUMAN RESOURCES

▪ 14521 Horizon Blvd ▪ El Paso, TX ▪ 79928 ▪
(915) 926-4000 ▪ Fax (915) 926-4069 ▪ Website: www.clintweb.net
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