

**UNIVERSITY OF ARKANSAS AT PINE BLUFF  
PINE BLUFF, ARKANSAS 71601**

**Faculty and Staff Clearance Form**

Date of last day worked or intended last day to be worked: \_\_\_\_\_

I, \_\_\_\_\_, hereby request clearance from UAPB through the following areas:

Department Head	_____	Remarks	_____
Hatchery Mgr.	_____	Mrs. Cobbs	_____
*Divisional Dean	_____	Remarks	_____
* Registrar	_____	Remarks	_____
**Inventory	_____	Remarks	_____
Library	_____	Remarks	_____
Controller	_____	Remarks	_____
Personnel	_____	Remarks	_____
Learning Resources Center	_____	Remarks	_____
Credit Union	_____	Remarks	_____
Title III	_____	Remarks	_____
Purchasing (Cell Phones)	_____	Remarks	_____
Building Manager	_____	Remarks	_____
Admin. Computer Center	_____	Remarks	_____
Public Safety (Director)	_____	Remarks	_____
Vice Chancellor	_____	Remarks	_____
***CHANCELLOR	_____	Remarks	_____

-This form must be completed by all exiting personnel before final checks will be released.

-Such items that may be considered for clearance are keys, books, grade sheets and/or roll books, equipment, financial obligations or fines, etc.

-\*Only academic personnel need clearance by divisional deans and the Registrar.

-\*\*For supervisors only. Before Inventory can approve this form, a complete inventory must be taken of the area you supervise. Inventory staff will act as expeditiously as possible.

-Department head should sign when designated requirements are satisfied.

-All office and building keys should be returned to the building manager.

-All leave records must be completed prior to completion of clearance.

-\*\*\*Please obtain this signature last, prior to returning clearance form to the Office of Personnel.

**(PLEASE COMPLETE THE FOLLOWING SURVEY)**

**EXIT SURVEY**

Was your termination voluntary? YES ( ) NO ( )

Are you retiring? YES ( ) NO ( )

Is a copy of your letter of resignation on file in the Office of Personnel? YES ( ) NO ( )  
If no, please provide a copy.

Were you furnished information about the following:

Extending insurance benefits and/or conversion to individual policies? YES ( ) NO ( )

Retirement plan information? YES ( ) NO ( )

Did you provide at least a two-week notice? YES ( ) NO ( ) If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Was your working experience at UAPB favorable? YES ( ) NO ( ) If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Do you want your final check mailed? YES ( ) NO ( )

FORWARDING ADDRESS:

\_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_