
Clearance Form For Teachers

[School Name]

[Address]

[Phone Number]

[Email Address]

Teacher Clearance Form

Teacher Information

- Name: _____
- Teacher ID: _____
- Department/Subject: _____
- Position/Title: _____
- Date of Leaving: _____

Clearance Checklist

Section/Department	Cleared (Yes/No)	Remarks	Signature of Officer
HR Department			
Principal's Office			
Library			
IT Department			
Academic Coordinator			

Finance Department			
Laboratory (if applicable)			
Others (specify)			

Final Clearance Approval

- **Approved By:** _____
- **Designation:** _____
- **Signature:** _____
- **Date:** _____