
Accountability Clearance Form

[Organization/Company Name]

[Address]

[Phone Number]

[Email Address]

Accountability Clearance Form

Employee Information

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

Accountability Checklist

Section/Department	Cleared (Yes/No)	Remarks	Signature of Officer
HR Department			
IT Assets			
Finance Department			
Office Equipment			
Project Manager			

Others (specify)			
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Final Clearance Approval

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