

Office Clearance Form

[Organization/Office Name]

[Address]

[Phone Number]

[Email Address]

Office Clearance Form

Employee Information

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

Clearance Checklist

Office/Section	Cleared (Yes/No)	Remarks	Signature of Officer
HR Department			
Administration			
IT Department			
Finance Department			

Facilities Management			
Others (specify)			

Final Clearance Approval

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