

**FORM/HR/009-9**

**HUMAN RESOURCE**

**CLEARANCE FORM**

**(TO BE FILLED IN DUPLICATE)**

**PART A: MEMBER OF STAFF CLEARING**

Name of officer leaving ……………………………….……………. PF. No. …….……………………..

Signature: ………………………………..................……..Date: ………………………….........................

Designation: …………………………………………………..………………………………....................

Reason for leaving University …………………………………………...……………………...................

**PART B: HEAD OF UNIT**

This officer is under my immediate supervision and I confirm that he /she has no liabilities with the .

Verified by……………………………... Sign……………….. Date……………………….

**PART C:** **LIBRARY**

 All books returned / not returned …………………….……. Charge Kshs: …………………

 Verified by: ………………………………..……….. Sign: ………………… Date: …… …...

**PART D: ESTATES/CENTRAL SERVICE/TRANSPORT**

 I confirm that this officer has no liabilities with the section.

 Verified by ………………………………….……….……. Sign …………………………..

**PART E: STORES**

I confirm that this officer has no liabilities with the section

 Verified by:………………...………………… Sign: …………............…………………

**PART F: PROCUREMENT**

I confirm that this officer has no liabilities with the section

 Verified by:………………………………………… Sign: …………………………………

**PART G: HEAD OF AUDIT**

I confirm that this officer has no liabilities with the section

 Verified by:………………………………………… Sign: ………………………………

**PART H: HOSTELS AND CATERING**

I confirm that this officer has no liabilities with the section

 Verified by:………………………………………… Sign: ……………………………………

**PART I: REGISTRAR ACADEMICS**

I confirm that this officer has no liabilities with the section

 Verified by:………………………………………… Sign: ……………………………………

**PART J: UNIVERSITY FARM**

 I confirm that this officer has no liabilities with the section

 Verified by:………………………………………… Sign: ………………………………

**PART K: RUSCO SACCO**

 Loans Balance Kshs. …………………………………………..…………………………….

 Verified by: ………………………………….. Sign: .…………………. Date: ………………

**PART L: HEALTH SERVICES**

 Medical and other outstanding bills Kshs. ……………………………………..………………

 Verified by: ………………………………………… sign: ………………. Date:…………….

**PART M: ICT**

 I confirm that this officer has no liabilities with the section

 Verified by:…………………………………… Sign: …………………………………………

**PART N: PERSONAL CLAIMS SECTION**

 Outstanding amount of imprest Kshs. ………………………………………..……..………….

 Verified by: …………………………….. Sign . ……………………….. Date ……………….

**PART O: REVENUE SECTION**

 Outstanding Invoices Kshs. …………………………………………………………………….

 Verified by: ……………………..………….. sign ……………………… Date ……………...

**PART P: HUMAN RESOURCE SECTION**

 Number of leave days balance …………………………………………………………………

 Staff Identification Card Returned/Not Returned …………………… Charge Ksh. …….……

 Verified by ………………………..…………… Sign …………………… Date: …………….

**PART Q: SALARY SECTION**

 (i) Outstanding salary advance ………………………………………………………...…………..

 (ii) Salary has been stopped with effect from ………………………………………………...……

 (iii) Salary overpayment amounts to Kshs. ………………………..………………………………..

 Verified by ………………………..……….. Sign ……………………. Date ………………..

**PART R: FINANCE OFFICER**

Signature……………………………………………Date……………………………………

**PART S: AUTHORISED / APPROVED**

 DVC - Administration, Finance & Planning

 …………………………………………………… ………………………………..

 Signature Date

***Rongo University is ISO 9001:2015 Certified*** 