

**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*** 