

State of Alaska Employment Clearance Form

(Submit to the Division of Personnel & Labor Relations)

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|---------------------------------|-----------------|-----------------|
| Employee Name (Last, First, MI) | Employee ID # | PCN |
| Department / Home Unit | Job Class Title | Separation Date |

Type of Separation:

| | | |
|--------------------------------------|------------|---|
| Resignation *(PE,PR,PX,EX) | Lay Off | Non-Retention (Probationary) |
| Termination (Non-perm, or Emergency) | Retirement | Seasonal LWOP / Layoff |
| Transfer to Dept. of _____ | Dismissal | Leave of Absence (i.e. 30+ days military leave or temporary absence) |

* I understand that I may not withdraw my resignation without prior approval from my supervisor and the Division of Personnel & Labor Relations.

Comments:

All Supervisor / Employee Responsibilities:

- All performance evaluation reports for which I am responsible are complete or will be complete prior to my last day of employment.
- I have surrendered all (check all that apply) which were entrusted to me during my employment:

| | | | |
|--------------------|------------------------|--|----------------------------------|
| Clothing | Parking Permits | Equipment | Identification badges or cards |
| Keys | Telephone credit cards | Notary Commission | Purchase/Credit Cards |
| Field Notebook | Field Purchase Order | Life Jacket/Footwear | Deputized Card and Badge |
| Travel Card | Cellular Phone | SOP Manual | Computers/Inventoriable Property |
| Annual Pass (AMHS) | Other _____ | State Vehicle with completed Employee Personal Use Commuting Log | |
- I have deleted any work product or state email from my personal electronic devices.
- I have cleared all matters pertaining to petty cash funds and State expenditures with the appropriate agency (check all that apply). I understand if I owe any outstanding State monies, it may be withheld from my final paycheck.

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|------------------------------------|---------------------|----------------|-------------------|
| Travel Advances | Relocation Expenses | Field Warrants | Training Advances |
| Allowances (e.g. Tool, Cell Phone) | | Other _____ | |
- I understand that refund forms are available from the Division of Retirement and Benefits web site (www.state.ak.us/drj) or by calling 1-800-821-2251 -- In Juneau 465-5700) for:

| | |
|--|------------------------------------|
| PERS (Tier IV) and TRS (Tier III) Defined Contribution Retirement Plan | Supplemental Annuity Plan (SBS-AP) |
| Deferred Compensation Plan (DCP) | |
- I have been informed of the option of converting my Group Health and/or Life Insurance to a Private Plan or COBRA, if applicable
- I have completed the online Exit Survey @ <http://exitsurvey.state.ak.us>
- I understand that my final POFD statement for APOC is due 90 days after leaving state service (if applicable)
- I am reminded that AS 39.52.180 lists ethics restrictions on employment after leaving state service to include not working on a matter for two years in which I had substantial involvement as a public officer. See AS 39.52.180 for details.

For Seasonal Leave Without Pay, Seasonal Layoff and Layoff Employees:

- I have made provisions for continuing my Health and/or Life Insurance by paying the premium.
- I am not interested in continuing my Health and/or Life Insurance by paying the premium.

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|------------------------|-------|-----------------------|--|-------|-----|
| Final Paycheck: | | | Permanent Mailing Address: (To be reported to Division of Retirement and Benefits and Division of Finance for retirement statements and W-2 mailings.) | | |
| Current Direct Deposit | | Mail To Address Below | | | |
| Address or P.O. Box | | | Address or P.O. Box | | |
| City | State | Zip | City | State | Zip |

| | | |
|------------------------------------|---|--|
| Final Time Sheet attached | Requested deletion of access to State Systems | Performance evaluation attached |
| Final Time Sheet already forwarded | Requested deletion of access to Information Technology resources (IRISFIN, IRIS HRM, ALDER, Internal Systems, etc.) | Performance evaluation already forwarded |
| Final Time Sheet to follow | | Performance evaluation to follow |

(Please note any overpayments or outstanding funds will be deducted from final pay.)

| | | | |
|----------------------|------|------------------------|------|
| Employee's Signature | Date | Supervisor's Signature | Date |
|----------------------|------|------------------------|------|