

# State of Alaska Employment Clearance Form

(Submit to the Division of Personnel & Labor Relations)

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.

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/dr/b](http://www.state.ak.us/dr/b) 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.

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\*\*.  
\*\*Employees lose access to online pay stubs upon separation. Contact the Employee Call Center at [employeeccallcenter@alaska.gov](mailto:employeeccallcenter@alaska.gov) or 907-465-3009 for copies.

Employee's Signature	Date	Supervisor's Signature	Date
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