STATE OF ALASKA

EMPLOYMENT CLEARANCE FORM

(Submit to the Division of Personnel & Labor Relations)

EMPLOYEE NAME (LAST, FIRST, MI)	SSN	PCN
DEPARTMENT/DIVISION	JOB CLASS TITLE	SEPARATION DATE

TYPE OF SEPARATION:

- ☐ Resignation * (PE, PR, PX, EX)
- ☐ Termination (Non-Perm, or Emer.)
- ☐ Transfer to Dept. of _____
- ☐ Layoff
- ☐ Retirement
- ☐ Dismissal
- ☐ Non Retention (Probationary)
- ☐ Seasonal LWOP / Layoff
- ☐ 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.

COMMENTS:

ALL SUPERVISOR/EMPLOYEE RESPONSIBILITIES:

1a. ☐ All performance evaluation reports on all staff for whom I have evaluation responsibility have been prepared.

1b. ☐ All performance evaluation reports on all staff for whom I have evaluation responsibility will be prepared prior to my last day of employment.

2. ☐ I have surrendered all (check all that apply) which were entrusted to me during my employment:

- ☐ Clothing
- ☐ Keys
- ☐ Field Notebook
- ☐ Travel Card
- ☐ Cellular Phone
- ☐ Parking permits
- ☐ Telephone credit cards
- ☐ Field Purchase Order
- ☐ State Vehicle
- ☐ Annual Pass (AMHS Vessel Only)
- ☐ Equipment
- ☐ Notary Commission
- ☐ Life Jacket/Footwear
- ☐ SOP Manual
- ☐ Other _____
- ☐ Identification badges or cards
- ☐ Purchase/Credit Cards
- ☐ Deputized Card & Badge
- ☐ Computers/Inventoriable Property

3. ☐ I have cleared all matters pertaining to petty cash funds and travel 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.

- ☐ TR Books
- ☐ Travel Advances
- ☐ Field Warrants
- ☐ Relocation Expenses
- ☐ Training Advances
- ☐ Other _____

4. ☐ I have received the SBS annuity refund and tax forms, if applicable.

5. ☐ I have been informed of the option of converting my Health and/or Life Insurance from Group to a Private Plan or COBRA, if applicable.

6. ☐ I have received the Division of Retirement and Benefits form PERS/TRS Notification of Termination if applicable.

7. ☐ I have contacted Deferred Compensation, if applicable.

8. ☐ I have completed the online Exit Survey at :http://exitsurvey.state.ak.us

FOR SEASONAL LEAVE WITHOUT PAY, SEASONAL LAYOFF, AND LAYOFF EMPLOYEES:

9a. ☐ I have made provisions for continuing my Health and/or Life Insurance by paying the premium.

9b. ☐ I am not interested in continuing my Health and/or Life Insurance by paying the premium.

MAIL FINAL PAYCHECK TO: (No Direct Deposit on Final Pay).	PERMANENT MAILING ADDRESS: (To be used for SBS, Retirement, W-2, and Deferred Compensation information).
ADDRESS OR P.O. BOX	ADDRESS OR P.O. BOX
CITY STATE ZIP	CITY STATE ZIP
☐ Final Time Sheet attached. ☐ Final Time Sheet to follow. ☐ Final Time Sheet already forwarded. (Please note any overpayments or outstanding funds will be deducted from final pay.)	☐ Performance evaluation attached. ☐ Performance evaluation to follow. ☐ Performance evaluation already forwarded. ☐ Requested deletion of access to State systems, i.e., AKPAY, AKSAS, etc. ☐ Requested deletion of access to Information Technology resources.

EMPLOYEE'S SIGNATURE	DATE	SUPERVISOR'S SIGNATURE	DATE