

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:

- 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	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 Vessel Only)		State Vehicle with completed Employee Personal Use Commuting Log	
Other _____			
3. I have deleted any work product or state email from my personal electronic devices.
4. 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 _____	
5. I understand that refund forms are available from the Division of Retirement and Benefits web site (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)	
6. I have been informed of the option of converting my Group Health and/or Life Insurance to a Private Plan or COBRA, if applicable
7. I have completed the online Exit Survey @ <http://exitsurvey.state.ak.us>
8. I understand that my final POFD statement for APOC is due 90 days after leaving state service (if applicable)

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.

Final Paycheck: Current Direct Deposit Mail To Address Below	Permanent Mailing Address: (To be reported to Division of Retirement and Benefits and Division of Finance for retirement statements and W-2 mailings.)				
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
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