**Clearance Certificate**



**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clearance must be acknowledged with a signature from the following departments:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **Point of Contact** | **Location** | **Signature** |
| **Library** | **Marian Rucker-Shamu** | **Library** |  |
| **Media Operations** | **Chartez Bond** | **Library, lower level** |  |
| **DIT** | **Wayne Rose/****Marivic Weiss** | **Library, 2nd level** |  |
| **Registrar’s Office (Faculty)** | **Maisha Ali/Michael Driscoll** | **Henry Bldg., lobby** |  |
| **Student Accounts** | **Terrayne Pittman** | **Henry Bldg., lobby** |  |
| **Controller’s Office** | **Wayne Felder/****Randal Leonard** | **Library, lower level** |  |
| **Payroll** | **Duane Williams/****Karen White** | **Library, lower level** |  |
| **Material Management (Property Control)** | **Salvador Martinez** | **Facilities Building** |  |
| **Purchasing/Procurement** | **Steve Jost** | **Facilities Building** |  |
| **Business and Auxiliary Services** | **Wade Henley** | **Student Center** |  |
| **Facilities Management** | **Darryl Williford/****Jackie Jackson-Palmer** | **Facilities Building** |  |
| **Campus Safety** | **Chief Ernest Waiters** | **McKeldin Gym** |  |
| **Telecommunications** | **Edna Palmer** | **Robinson Hall** |  |
| **Research and Sponsored Programs** | **Anika Bissahoya** | **Robinson Hall** |  |
| **Supervisor/Dept. Chair** |  |  |  |
| **Office of Human Resources****(will sign last)** | **Any HR Staff Member** | **Robinson Hall** |  |

**NOTE: The effective date of separation from the University shall be the last day worked.**

Upon separation, an employee’s last paycheck will be withheld until this form is completed and returned to the Office of Human Resources with all required signatures.

 Keys should be turned in to the **Facilities Management** and Bowie ID Card to the Office of Human **Resources.**

 Do we have your permission to give your address and/or telephone number to a requestor? Please initial: Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

 If yes, please indicate your address and telephone number where you may be reached.

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Updated May 2016*