



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, 2 nd level	
Registrar's Office (<i>Faculty</i>)	Maisha Ali/Pat Mitchell	Henry Bldg., lobby	
Student Accounts	Terrayne Pittman	Henry Bldg., lobby	
Controller's Office	Wayne Felder/Randell Leonard	Library, lower level	
Payroll	Duane Williams/Karen White	Library, lower level	
Material Management (<i>Property Control</i>)	Salvador Martinez	Facilities Building	
Purchasing/Procurement	Steve Jost	Facilities Building	
Business and Auxiliary Services	Wade Henley	Facilities Building	
Facilities Management	Daryll 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 (<i>will sign last</i>)	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: _____