



Employee Clearance Form

Employee MUST be present on last day of work and is responsible to obtain all signatures by each Department noted below. Return this form to the Human Resources Department-HH 106 on last day of work.

EMPLOYEE INFORMATION		
Employee Name:	Employee #:	LDW:
Job Title:	Department:	
AAPF & CCMISA employees: Do you have any outstanding Tuition Waivers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ITEMS TO BE RETURNED		Signatures Required Below
A Department representative for each area listed below <u>MUST</u> sign-off on this form to acknowledge the employee has nothing outstanding	Department Signature	Date Signed
AS REQUIRED – All outstanding department equipment, uniforms, supplies & credit cards must be returned to your Supervisor/Manager .		
IS: If you stored college information anywhere other than on College owned Equipment (ie: iPad, Tablet, personal computer, etc.), IS must clear your media of all College related data.		
IS: If you linked your Smartphone to the CCM server for email, please have this function turned off & all college related emails removed by IS.		
<u>FACULTY ONLY</u> – All grades from previous semesters have been entered. The Office of Records and Registration will take a copy & return to HR.		
Public Safety Department: All College keys and “Essential Employee” Cards must be returned.		
Human Resources Department: Employee ID card must be returned. *An employee with at least 25 years of full-time service may keep their employee ID card.		
RELEASE OF EMPLOYMENT INFORMATION		
Employment Verification requests will only be verified if an “Authorization to Release Information” form signed by you is provided by the requestor. (Except as required by law.)		
E-MAIL ACCOUNT		
Employee’s retiring with at least 10 years of full-time service can elect to Opt-In to the retiree email group by registering a PERSONAL email address on the CCM website: www.ccm.edu/retiree-email/		
ALL employees MUST provide an alternate email address so that CCM can update your record in Colleague. This information will enable you to access Titans Direct so that you can obtain pay advices, your W-2 and your 1095-C forms for tax purposes.		
Alternate email: _____ @ _____ . _____		
CHANGE OF ADDRESS		
If you will be moving, please provide your NEW ADDRESS below and the effective date: _____		
New Address:		
City:	State:	Zip Code:

Employee Signature: _____