



Employee Clearance Form

Employee is responsible to obtain all signatures by each department noted below and return to
Human Resources Department – HH 106 on last day of work.

EMPLOYEE INFORMATION		
Employee Name:	Employee #:	LDW:
Job Title:	Department:	
Do you or any of your family members have any outstanding/active Tuition Waivers? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ITEMS TO BE RETURNED	Signatures Required Below	
	Department Signature	Date Signed
All books and other materials that are the property of the Learning Resource Center, must be returned to the LRC .		
All outstanding DVDs & other equipment must be returned to Campus Life .		
AS REQUIRED – All outstanding department equipment, uniforms, supplies & credit cards must be returned to your Department/Chairperson/Manager .		
Have you stored college information anywhere other than on college owned Equipment (ie: iPad, Tablet, personal computer, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, IS must clear your media of all college related data.		
If you linked your Smartphone to the CCM server for email, please go to the IS to have this function turned off & all college related emails removed.		
FACULTY ONLY – All grades from previous semesters have been entered. Confirmed by the Office of Records and Registration .		
All College keys and Essential Employee Cards must be returned to the Public Safety Department .		
Employee ID card must be returned to the Human Resources Department . *An employee with at least 25 years of full-time service may keep their employee ID card		
RELEASE OF EMPLOYMENT INFORMATION		
In order to release employment information to future employers, your signature is required and will be kept on file. In addition, kindly complete each section below if you wish CCM to release the following information:		
Please note: Dates of employment and position titles are routinely verified to employers. Reference: Privacy Act 1974, Public Law 93-579		
E-MAIL ACCOUNT		
Employee’s retiring with at least 10 years of full-time service can elect to keep their College email account active. <input type="checkbox"/> Yes, I would like my email account kept open <input type="checkbox"/> No, I do not wish to keep my email account open		
Please provide an alternate email address if you do not wish to keep your ccm.edu account or do not meet the service requirements so that we can update your record in Colleague. This information will enable you to access WebAdvisor so that you can obtain pay advices and your W-2 for tax purposes.		
Alternate email: _____ @ _____ . _____		
CHANGE OF ADDRESS		
Mailing Address – Is there a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, effective date: _____		
New Address:		
City:	State:	Zip Code:

Employee Signature: _____