



GRC Bldg. Rizal Ave. Ext. corner
9th Ave. Grace Park, Caloocan City

FACULTY CLEARANCE FORM

HR Form No. 018

Instructions: Please complete this form to clear you of your obligation (s) from the College and release of your last pay.

EMPLOYEE DATA

Name <i>(Last Name, First Name, MI)</i>	Date Filed:		
Signature	Employee No.		
Employment Status	Classification	<input type="checkbox"/> Full-time	
Nature of Appointment <i>(E.g. Instructor, Asst. Prof)</i>		<input type="checkbox"/> Part-time	
Semester	<input type="checkbox"/> 1 st Semester <input type="checkbox"/> 2 nd Semester	School Year	20 ____ 20 ____

DEPARTMENT/COLLEGE CLEARANCE

DEPARTMENT/COLLEGE	NAME OF AUTHORIZED SIGNATORY	SIGNATURE	DATE SIGNED	REMARKS (Cleared/Uncleared)
Office of the Program Head <i>[Note: If you are teaching under two or more colleges, please seek clearance from each Program Head.]</i>				
Office of the College Dean				
TESDA Coordinator <i>(TESDA)</i>				
Office of the Registrar				
Library				
IT Office				
General Services				
Accounting				
Human Resources Center				
Office of the Exec. Director				

ACKNOWLEDGMENT RECEIPT (Your signature below signifies that you have received your paycheck due you)

Check Date:	Check #:	Check Amount:
Employee Signature over Printed Name/Date:		



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