



**UNIVERSITY OF ARKANSAS AT MONTICELLO  
TERMINATION CLEARANCE FORM**

Name \_\_\_\_\_ Employment Ending Date \_\_\_\_\_

Present Address \_\_\_\_\_

This form must be received by the UAM Personnel Office in Sorrells Hall before the final regular scheduled salary payment will be released. **The final regular scheduled salary payment and the lump-sum vacation /sick leave payment (if applicable) will not be direct deposited.** I elect the following for each respective payment:

	Reg. Sched. Payment	Vac./Sick Paymt (If applicable)	
Receive check in Personnel Office (pick up)			_____
Mail to address above			_____
Mail to different address (list to right)			_____

Eligible employees may want to donate accrued annual/sick leave to the University's Catastrophic Leave Program. You may obtain a Donor Application Form by going to the following web address:  
<http://www.uamont.edu/FinanceAdministration/PayPerForms.htm>.

**The signatures below must indicate your clearance from each area. All signatures must be obtained on this form in the order listed.**

Employee Acknowledgement \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Unit/Department Property Returned,  
Written Resignation Received,  
Complete & Attach Final Time Record(s) \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Final Grades Received \_\_\_\_\_  
(Faculty Only) \_\_\_\_\_ Registrar \_\_\_\_\_ Date \_\_\_\_\_

Keys Returned \_\_\_\_\_  
Public Safety \_\_\_\_\_ Date \_\_\_\_\_

Library Books Returned \_\_\_\_\_  
Librarian \_\_\_\_\_ Date \_\_\_\_\_

Travel Advances Repaid,  
Accounts Receivable Paid \_\_\_\_\_  
V/C for Finance & Administration \_\_\_\_\_ Date \_\_\_\_\_

Life Insurance, Long Term  
Disability Conversion  
Information Issued: \_\_\_\_\_  
Personnel Representative \_\_\_\_\_ Date \_\_\_\_\_

*Complete form must be turned in to the UAM Personnel Office.*

Last Updated 1/13/06