



EMPLOYEE EXIT CLEARANCE

ACADEMIC

(Revised: May 2019)

Note: This form should be completed between the hours of 9:00 AM to 4:30 PM, Mondays to Fridays base on the date stipulated on your resignation letter.

Name of Employee: ANORA MARIA REGINA DEVOS GARCIA
Last Name First Name Middle Name

Position: GENERAL INSTRUCTOR Complete Home Address: STA CRUZ RONDA LBAN

Department: _____

Date of Birth: JULY 9, 1982 Date Hired: 12/22/17 Actual Last day of work: DEC 27, 2019
 Status of Employment: _____

- Purpose of Clearing:
- Resignation (attached approved resignation letter)
 - Termination (for just/authorized causes; attach written warning & notice of dismissal)
 - End of Contract (attach employee's contract)
 - AWOL (attach letter of explanation stating the intention of not coming back)
 - Others (pls. specify): _____

(for Accounting Dept. use only)

SSS ID No.: 06-27782751

PHIC (PHILhealth) ID No.: 12-05148-7817-5

HDMF (Pag-IBIG) ID No.: 1211-6788-7872

TIN: 327-780-800-000

No. of BIR qualified dependent(s): _____

	Complete Name	Birth Date
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

MAXICARE ID No.: N/A
 Remarks: _____

SMEAG ATM Acct. No.: N/A
 Remarks: _____

SMEAG E-Money Card No.: _____
 Remarks: N/A

Company ID: [Signature]

Other Remarks: _____

CLAIMS: 13th Month Pay / Tax Refund: (Amt.: _____)
 Received by: _____
 Date Claimed: _____
 Released by: _____

Certificate of Employment & BIR 2316 :
 Received by: _____
 Date Claimed: _____
 Released by: _____

Note: Please obtain all signatures **in order** and forward this form to the Accounting Department for final processing of payroll

DEPARTMENT	Important Remarks/ PRINTED NAME OF SIGNATORY	AUTHORIZED SIGNATURE	DATE SIGNED
1. Academic Staff	Ms. SWARNA ZENaida BU-AO	<u>[Signature]</u>	01/06/20
2. R & D Staff	Mr. REYGIE PELAYO	<u>[Signature]</u>	1/4/20
3. Team Leader	Ms./Mr. <u>[Signature]</u>	<u>[Signature]</u>	1/6/20
4. Payroll Officer	Ms. MELISSA C. BURGOS / <u>Racquel Dim</u>	<u>[Signature]</u>	1/6/20
5. Academic Supervisor (ESL/IELTS)	Ms. VIENNA BARTIANA	<u>[Signature]</u>	01/06/20
6. Director for Academic Affairs	Exit Interview: (for AWOL and other cases) Ms. DARLING TESS B. JAYME		
7. President	Exit Interview: (for AWOL and other cases) PRESIDENT		

Accomplished by: [Signature]
MARIA REGINA ANORA
 Employee's Signature Over Printed Name

Received by: _____
 Accounting Supervisor
(Signature Over Printed Name)

Date Received: _____

Cut here >



EXIT CLEARANCE ACKNOWLEDGMENT RECEIPT

IMPORTANT NOTE: DO NOT lose this slip. Present this slip upon claiming your receivables.

Employee's Name: MARIA REGINA ANORA
 SSS ID No.: 06-27782751
 PHIC (PHILhealth) ID No.: 12-05148-7817-5
 HDMF (Pag-IBIG) ID No.: 1211-6788-7872
 TIN: 327-780-800-000 No. of qualified BIR dependent(s): _____
 Receivables to be claimed on: _____

Receiving Officer & Date of Receipt
