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DEPARTMENT OF EDUCATION
PERSONNEL SERVICES DIVISION

EMPLOYEE DEPARTMENTAL SEPARATION CLEARANCE

I certify that _____ Payroll Number _____ whose employment
Name of Employee

with the Department of Education has an account(s) as indicated below:

Terminating employee **must personally** clear with the Divisions/Sections indicated on the checklist below: **(Yes, indicates that the employee is cleared. No, indicates that the employee is not cleared).**

CLEARING DEPARTMENT	Clearance YES	Clearance NO	CLEARED BY	DATE
1. **Department of Education – School/Section** ***(Employee Work Site Clearance Required)***				
2. **Department of Revenue and Taxation**				
3. **Guam Memorial Hospital**				
4. **Attorney General** **Child Support Enforcement Division**				
5. **Department of Education** – LRC (Staff Development/In-Service)				
6. **FSAIS, DOE**				
7. **Department of Education** – Personnel **(HIPAA)**				
8. **DOA** – Accounting Rm. 254				
9. **DOA** – Training and Development				
10. **DOA** – Personnel Insurance Clearance **(DOE Clearance Required first)**				
11. **DOE Business Office (PA required)** a) Cash Disbursement a)				
b) Travel b)				
c) Payroll Section c)				
12. **Treasurer of Guam** **(Final Clearance)**				

The undersigned employee's signature verifies that he/she acknowledges the above mentioned certification be true and correct.

_____ _____
Signature of Treasurer of Guam **Employee's Signature**

Date: _____ **Date:** _____

Revised: February 14, 2003/a:Separate.Frm/LuisDisk#14/dmer)