



**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/PayPer/PayPerForms/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