

**TENNESSEE STATE UNIVERSITY
SUPERVISOR CLEARANCE DOCUMENT**

Employee Name _____ **Date** _____

Department _____ **T#:** _____

As the supervisor of the employee named above, you are responsible for contacting the appropriate department and collecting the required information as specified below. A copy of this form should be given to the employee on the date separation is discussed with the employee. Your signature certifies that the various materials/records and/or equipment noted have been returned or satisfactorily filed with appropriate/authorized personnel/departments and that all financial obligations involving your area of responsibility have been satisfied.

1. A list of incomplete grades has been filed by faculty member with notations of what is needed to complete the list(s).

Verified by: _____ Date: _____

Comments: _____

2. All equipment the employee was responsible for has been accounted for and returned in satisfactory condition.

Verified by: _____ Date: _____

Comments: _____

3. All Time/Effort Certification forms are current/signed and submitted to the appropriate department.

Verified by: _____ Date: _____

Grants Administration (F&A)

4. Notification to CIT of the need for access to central computer facilities (i.e., software programs/data and assigned PIN, and telephone long distance cards) have been deleted/terminated/relinquished, has been completed.

Verified by: _____ Date: _____

5. All travel reports have been verified as completed and processed with the travel office and accounts payable.

Verified by: _____ Date: _____

Comments: _____

6. All financial obligations to the university have been paid or cleared.

Verified by: _____ Date: _____

Bursar's Office

Comments: _____

7. All university keys and gas cards assigned to you have been returned or otherwise appropriately accounted.

Verified by: _____ Date: _____

Facilities Mgt.

Comments: _____

8. Library books/materials borrowed have been returned or otherwise appropriately accounted.

Verified by: _____ Date: _____

Library Circulation

I certify that I have contacted the appropriate office as described above and noted any outstanding obligations by the employee on this form. I have also given a copy of this form to the employee and advised him/her to contact the Office of Human Resources at 963-5281 to complete the separation process.

Signed: _____
Supervisor Signature Date

I am in receipt of a copy of this form.

Signed: _____
Employee Signature Date