

**The University of Tennessee Health Science Center
Resident Employee Clearance Record**

Name:		Personnel #:	
Forwarding Address: (W2 will be mailed to this address)		Program:	
		Title: Medical Resident	
Home Phone:	Term Reason:	Term Date:	

INSTRUCTIONS: An employee terminating or taking a leave of absence without pay is responsible for securing the clearance actions indicated on this form. *This completed form needs to be taken to the GME Office at 910 Madison Avenue Suite 1031 for final clearance. (GME will forward to Payroll Office for approval.)*

Activity	Authorized Activity Representative	Outstanding Obligation		
		Date	Credit to	Amount
PROGRAM OFFICE <u>Program Director or Coordinator signs – confirm term reason and term date above</u> Books, Tools, Phone Card, Uniforms, Equipment, Keys, etc.	Name or Code			
LIBRARY (448-5634) Books, Periodicals, Fees. (Any fines owed to the library must be paid in cash at the Circulation Desk.)	Name or Code			
PARKING SERVICES (448-5546) Citations	Name or Code			
CAMPUS POLICE (448-5679) ID Card, Keys	Name or Code			
CASHIER'S OFFICE Fees, Travel Advances, Returned Checks	Name or Code Cleared per S. Morman & GME		06/15/17	
GME OFFICE <u>You turn in the form here.</u> GME will sign and forward to the Payroll Office.	Name or Code			

I hereby certify that I have cleared all accounts with the University, with the exception of those amounts listed above. Amounts listed above and those accounts not properly cleared by me will be deducted from my final pay.

Employee: _____ Date _____

Approved by GME Office: _____ Date _____

Approved by PAYROLL OFFICE (448-5574):	Name or Code	Date	Credit to	Amount