

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>		
	<b>Document: Form</b>	<b>Ref No.: TUM/Form/HRM/012</b>	
	<b>Title: STAFF CLEARANCE</b>		
	<b>Department: HUMAN RESOURCE MANAGEMENT</b>		
	<b>Issue No. 2</b>	<b>Revision No. 0</b>	<b>Date: 5th April 2018</b>

*(On Termination of Appointment)*

NB: This form is to be completed in quadruplicate and should be distributed as follows:

- |                      |   |                                   |
|----------------------|---|-----------------------------------|
| <b>Original</b>      | - | <b>Personal File</b>              |
| <b>Duplicate</b>     | - | <b>Finance Officer</b>            |
| <b>Triplicate</b>    | - | <b>Retained by the Department</b> |
| <b>Quadruplicate</b> | - | <b>Member of Staff</b>            |

### **PART I: PERSONAL DETAILS**

Name: \_\_\_\_\_ P/F No: \_\_\_\_\_

Section: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Last Date of Service: \_\_\_\_\_

ID No: \_\_\_\_\_ Pin No: \_\_\_\_\_

Contact Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell-phone No: \_\_\_\_\_

### **PART II: CLEARANCE UNDER OFFICIAL STAMP**

#### **To whom it may concern:**

The above named will be leaving the University on termination of employment. Departments/Sections/Units indicated in this part should kindly clear him/her with details of any monies due from the above employee in respect of lost keys, library books, petrol sales and other university property or any indebtness to the University or public utilities in respect of rent, telephone, electricity, water and other miscellaneous charges.

If no charges are outstanding to the University property or public utilities, please sign the certificate and indicate this. No terminal emoluments and other benefits will be paid to him/her until you sign this certificate.



<b>1</b>	<b>CHAIRPERSON OF DEPARTMENT/ HEAD OF SECTION</b>	<b>NAME:</b>
	Remarks:	Charges (KShs):
	Signature & Official Stamp:	Date:
<b>2</b>	<b>DEAN OF FACULTY/SCHOOL/ DIRECTOR OF INSTITUTE/ REGISTRAR/HEAD OF DEPARTMENT/DIVISION</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>3</b>	<b>UNIVERSITY LIBRARY</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>4</b>	<b>HEALTH UNIT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>5</b>	<b>SUPPLIES DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:



<b>6</b>	<b>INSTITUTE OF TECHNOLOGY &amp; COMMUNICATION SERVICES</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>7</b>	<b>EXPENDITURE SECTION</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Imprests	
	Debtors	
	Signature & Official Stamp	Date:
<b>8</b>	<b>REVENUE SECTION</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>9</b>	<b>SALARIES SECTION</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>10</b>	<b>ESTATES SECTION</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:



<b>11</b>	<b>TECHNICAL UNIVERSITY OF MOMBASA ENTERPRISES</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>12</b>	<b>CATERING SECTION</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>13</b>	<b>KIZIWI HOSPITALITY &amp; TOURISM CENTRE</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>14</b>	<b>SECURITY SECTION</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>15</b>	<b>OPERATIONS AND ADMINISTRATIVE UNIT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Water Bills	
	Electricity Bills	
	Other Bills	
	Signature & Official Stamp	Date:



<b>16</b>	<b>TRANSPORT OFFICE</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>17</b>	<b>SPORTS AND GAMES OFFICE</b>	<b>NAME:</b>
	Remarks :	Charges (KShs)
	Signature & Official Stamp	Date:
<b>18</b>	<b>MEDICAL SCIENCE DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>19</b>	<b>PURE &amp; APPLIED SCIENCE DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>20</b>	<b>MATHEMATICS AND PHYSICS DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:



<b>21</b>	<b>ENVIRONMENT AND HEALTH SCIENCES DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>22</b>	<b>ACCOUNTING AND FINANCE DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>23</b>	<b>BUSINESS ADMINISTRATION DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>24</b>	<b>MANAGEMENT SCIENCE DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:



<b>25</b>	<b>HOSPITALITY &amp; TOURISM DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>26</b>	<b>SOCIAL SCIENCES DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>27</b>	<b>MEDIA STUDIES DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>28</b>	<b>COMPUTING DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>29</b>	<b>ELECTRICAL DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:



<b>30</b>	<b>MECHANICAL ENGINEERING</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>31</b>	<b>MEDICAL ENGINEERING DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:
<b>32</b>	<b>BUILDING ENGINEERING DEPARTMENT</b>	<b>NAME:</b>
	Remarks:	Charges (KShs)
	Signature & Official Stamp	Date:

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**PART III: FOR HR DEPARTMENT ONLY**

1. The following records have been checked and cleared(Please tick if cleared):

- a) Bank loans/ communication to bank
- b) Medical Scheme card(s) returned
- c) Staff ID card returned

**Officer in charge of Staff Welfare**

Name: ..... Sign: ..... Date: .....

2. The member of staff has been removed from the HRMIS

**Officer in charge of HRMIS**

Name: ..... Sign: ..... Date: .....





3 Release of terminal benefits recommended/not recommended.

Name: ..... Designation: .....

Signature: ..... Date & Stamp: .....

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**PART IV: FOR FINANCE DEPARTMENT ONLY**

1. All thirty (30) certificates received and the total charges are:

KShs: ..... (in figures) ..... (in words)

2. Release of terminal benefits approved

Name: ..... Designation: .....

Signature: ..... Date & Stamp: .....

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website: <http://www.tum.ac.ke>



TUM is ISO 9001:2015 Certified