NORTHERN New Mexico College



Employee Clearance Form Full-time Staff and Faculty

	ing in all equipment as well as t	<u>before</u> , but no later than the <u>last</u> o obtain clearance signatures from a	
EMPLOYEE NAME	BANN	ER ID PHONE #	
MAILING ADDRESS	CI	TYSTATE	ZIP
DEPT	LAST DAY OF EMPLOYMENT	INSURANCE COVERAGE E	NDS
Employee must obtain a signature fo	or all required items before his/her la	ist day of employment.	
Meet with Human Resources to discus Has Time been submitted to reflect las		oloyment	icate reason
		HR Technician	Date
(Library books, periodicals, art work,	etc.)	Librarian	Date
DISTANCE EDUCATION (Laptop loans etc.)	AMOUNT OWED: \$	Authorized Signature	Date
EMPLOYEE'S DEPARTMENT		Immediate Supervisor	Date
BUSINESS OFFICE Student fees, P-Card, advances	AMOUNT OWED: \$	Authorized Signature	Date
BUSINESS OFFICE ACTION	AMOUNT OWED: \$	Cashier	Date
INFORMATION TECHNOLOGY (IT Equipment/Email access/Disable E		Authorized Signature	
FACILITIES MANAGEMENT (Equipment & Keys)	AMOUNT OWED: \$	Dept. Supervisor	Date
I, the undersigned employee, authority other monies owed to me by the other backward to me backward to	college at the time of my separation 's check no later than my last day	aid balance of all debts owed to the coll on. I have the option to pay the total a y of employment. If payment is not m	lege from any wages or amount to the Business
	direct deposited to your bank	Resources by the last day of your or financial Institution. Failure to	
		MC Employee Badge DEXIT In	terview (Optional)
Employee Signature	Date	Director of Human Resou	rces Date