



# Employee Clearance Form

Indianola Campus       Greenville Campus       Greenwood Campus       Moorhead Campus

Employee Name \_\_\_\_\_ I D No. \_\_\_\_\_

Department \_\_\_\_\_ Will you continue PT?  Yes  No

Last day to work \_\_\_\_\_ Do you plan to transfer leave to another state agency?  Yes  No

If yes, what agency? \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note: Clearance procedure is not complete without a copy of your resignation letter and Exit Interview Form.**

### Reason for Clearance:

- Resignation \*(attach copy of resignation letter)
- Dismissal
- Retirement
- Leave of Absence
- Other (Specify)

Before receiving your final pay, you are responsible to personally check with appropriate officials in the following functions or offices and obtain their signature, indicating that you are cleared to leave and do not have any college property. Please contact the offices below to check their operating hours.

Bookstore \_\_\_\_\_ Facilities Management \_\_\_\_\_

Information Technology \_\_\_\_\_ Inventory \_\_\_\_\_

Student Services (Fines) \_\_\_\_\_

### Immediate Supervisor Certification

I certify that the above named employee has cleared all offices required; that he/she has no unauthorized college property; and all necessary administrative actions have been taken to allow him/her to receive their last paycheck. **I further certify that all keys within the employee's possession have been retrieved.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Campus Dean/Division Lead/Vice President Certification

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Benefits Clerk/Payroll Clerk Certification

Amount of Leave Time Remaining \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### District Human Resources Director Certification

I certify that all personnel actions required on the above named employee have been satisfactorily accomplished.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## EXIT INTERVIEW FORM

Name:	Employee ID #:
Job Title/Campus:	Employment Start Date:                      End Date:
Position:	Immediate Supervisor:

Why have you decided to leave Mississippi Delta Community College (MDCC)?

---

---

Does your new job/company offer something that MDCC may need to consider? If so, please explain.

---

---

---

Please share some things about your tenure at MDCC.

---

---

---

What are the things that MDCC does best from your perspective? What are the opportunities for improvement?

---

---

---

Did you feel that you had the support needed to perform well the responsibilities assigned to you?

---

---

What would you recommend for our consideration to help us create a better workplace?

---

---

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

*The MDCC family hopes that you have a bright future and wishes you the very best.*

