

SOUTH EASTERN KENYA UNIVERSITY

P. 0. BOX 170-90200 KITUI Tel. No. 0748605996/7

CLEARANCE FORM

Person	nal Details			
Name		P.FNO	Date	
Designat	tion	Division/Directorate .		
Reason for	clearance			
	ove named will cease/has ceased	to be in the employment of the	University with effect	
Please	certify whether or not he/she owe	es anything in your Division/scl	hool/Institute/Department/Section	
1.	Section head (the officer is duly	y cleared from this department)	ı	
	Name	Signature	Date.	
2.	Librarian in charge (the officer is/not duly cleared from this dep		poks/journals/materials he/she	
	Name	_		
3.	Director Finance and Accounts (the officer has/does not have outstanding imprests he/she is/not duly cleared from this department)			
	Name	Signature	Date	
4.	Central stores (the officer has/e duly cleared from this department	•	es in his/her name he/she is/not	
	Name	Signature	Date	
5.	Directorate of ICT (the officer e-mail address has been deleted	•	tment and his/her official SEKU	
	Name	Signature	Date	
6.	Medical Records (the officer h cleared from this department)	as/has not surrendered all the	medical cards he/she is/not duly	
	Name	Signature	Date	
7.	SEU SACCO (the officer has coleared from this department)	cleared/ not cleared his/her loa	an balances he/she is/not duly	
	Name	Signature	Date.	





is/is not cleared from the	•	
Name	Signature	. Date.
For Official Use Only HRM Section		
Leave days balance		
Off days		
Comment/remarks		
Checked by	Signature	Date
Subject to the above debts bei paid his/her final dues.	ing recovered; I recommend/ do not recomme	end that the above be
Signed:	Date	
Stamp		
Director, HRM		
Recommended action by Fina	ance and Accounts	
Signature	Date	
Note: this is not a release lette Chancellor, Corporate Service	er. The release letter should be signed by the Do	eputy Vice

8. **SECURITY OFFICER:** (the officer **has/has not** surrendered the security car pass smart card). He