

## **SOUTH EASTERN KENYA UNIVERSITY**

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

## **CLEARANCE FORM**

| Person   | al Details   |                                      |   |  |  |
|--|--|--------------------------------------|---|--|--|
| Name   |  | P.FNO                                | Date                                    |  |  |
| Designat   | ion  | Department/School                    |   |  |  |
| Reason for   | clearance  |                                      |   |  |  |
| 7D1 1  | 1 11 0   |                                      | XX                                      |  |  |
|  |  | d to be in the employment of the     | University with effect                  |  |  |
| 110111   |  |                                      |   |  |  |
| Please   | certify whether or not he/she ov   | ves anything in your Division/sch    | nool/Institute/Department/Section       |  |  |
| 1.   | . <b>Section head</b> (the officer is duly cleared from this department)   |                                      |   |  |  |
|  | Name   | Signature                            | Date.                                   |  |  |
| <ol> <li>Librarian in charge(the officer has/has not returned all the books/journals/mate<br/>is/not duly cleared from this department)</li> </ol> |  |                                      |   |  |  |
|  | Name   | Signature                            | Date.                                   |  |  |
| 3.   | <b>Director Finance and Account</b>  | nts( the officer has/does not have   | e outstanding imprests he/she           |  |  |
|  | is/not duly cleared from this de   | _                                    |   |  |  |
|  |  | Signature                            |   |  |  |
| 4.   | Central stores (the officer haduly cleared from this departm   | s/does not have outstanding storent) | es in his/her name he/she <b>is/not</b> |  |  |
|  | Name   | Signature                            | Date                                    |  |  |
| 5.   | <b>Directorate of ICT</b> (the officer is duly cleared from this department and his/her official SEKU e-mail address has been deleted) |                                      |   |  |  |
|  | Name   | Signature                            | Date                                    |  |  |
| 6.   | <b>Medical Records</b> ( the officer cleared from this department)   | r has/has not surrendered all the    | medical cards he/she is/not duly        |  |  |
|  | Name   | Signature                            | Date                                    |  |  |
| 7.   | <b>SEU SACCO</b> ( the officer <b>ha</b> cleared from this department)   | s cleared/ not cleared his/her loa   | an balances he/she is/not duly          |  |  |
|  | Name   | Signature                            | Date.                                   |  |  |
|  |  |                                      |   |  |  |

ARID TO GREEN .....



| is/is not cleared from this department.             |                             |                                       |                |  |  |
|---|-----------------------------|---------------------------------------|----------------|--|--|
| Name  | Signature                   |                                       | Date.          |  |  |
| For Official Use Only<br>HRM Section                |                             |                                       |                |  |  |
| Off days  |                             |                                       |                |  |  |
| Checked by  |                             | Signature                             |                |  |  |
| Subject to the above debts paid his/her final dues. | being recovered; <b>I</b> r | recommend/ do not recommend tha       | t the above be |  |  |
| Signed:   |                             | Date                                  |                |  |  |
| Stamp   |                             |                                       |                |  |  |
| Director, HRM                                       |                             |                                       |                |  |  |
| Recommended action by F                             | inance and Account          | s                                     |                |  |  |
| Signature   |                             | Date                                  |                |  |  |
| Notas this is not a valence l                       | letter. The release let     | tton should be signed by the Denuty V | liaa           |  |  |

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

**Note:** this is not a release letter. The release letter should be signed by the Deputy Vice Chancellor, Corporate Services and issued after clearance.