

EMPLOYEE CLEARANCE CERTIFICATE



Permanent Employee Termination

Casual Employee Termination

GNWT transfer to:

EMPLOYEE

Surname		Given Names		Social Insurance No.	Termination Date
Employee No.	Employing Department			Employment Location	
Forwarding Address (with postal code)					

PUBLIC WORKS AND COMPENSATION SERVICES or HRM REGIONAL FMBS

Did employee occupy staff accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Accommodation Vacated:	Condition of unit:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	GHRM rent ceased:	<input type="checkbox"/>
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Damages to be recovered:

Does employee have government parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date to Terminate:	Authorized Signing Officer (Dep't)	Date
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EMPLOYING DEPT. - FINANCE & ADMIN AND COMPENSATION SERVICES or HUMAN RESOURCE MANAGEMENT (FMBS)

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|---|--|--|---|
| <input type="checkbox"/> Environmental Clothing | <input type="checkbox"/> Tools | <input type="checkbox"/> I.D. Card | <input type="checkbox"/> Computer Hardware |
| <input type="checkbox"/> Sleeping Bags | <input type="checkbox"/> Briefcases | <input type="checkbox"/> Duty Travel Advance | <input type="checkbox"/> Computer Software |
| <input type="checkbox"/> Calculators | <input type="checkbox"/> LCA Books | <input type="checkbox"/> Standing Advances | <input type="checkbox"/> Mainframe Access Deletion - indicate systems to delete |
| <input type="checkbox"/> Office Keys | <input type="checkbox"/> O/S Accounts Receivable | <input type="checkbox"/> Other: (please specify) | |

Employee leave records verified by Benefits Administration (Attach balance of leave credits report).	Please indicate credits to be paid out.	
Authorized Signing Officer	Type	Weeks/Days/Hrs.
	<input type="checkbox"/> Annual Leave	
	<input type="checkbox"/> Severance Pay	
	<input type="checkbox"/> Other: (specify)	

Recoveries	Coding

Authorized Signing Officer	Date	I <input type="checkbox"/> agree <input type="checkbox"/> do not agree that the contents of this document are a true representation of amounts owed to the Government of the Northwest Territories and amounts payable on termination.
		Employee's Signature
		Date

