NORTH CAROLINA A&T STATE UNIVERSITY PROPERTY/WORK ASSIGNMENT CLEARANCE FORM

CURRENT I	INFORMATION								
EMPLOYEE NAME:		DEPARTMENT:					SUPERVISOR'S NAME:		
SOCIAL SECURITY NUMBER (9 digits):		EMPLOYEE'S WORK PHONE:					SUPERVISOR'S WORK PHONE:		
	/ /WORK ASSIGNMENT SECTION								
Property/WA		#	Model	Serial	Cost/	Employee's	Return/	Supervisor's	
Issue Date	Description of Property/Work Assignment	of Items	Number	Number	Value	Signature	Completion Date	Signature	
	the above property, office equipment, uniforms, too nent is not sufficient to cover the dollar amount dedu		lorth Carolina A		esult in the cos	t of this State property be	eing deducted from my f	inal salary payment. If the	
Employee's Signature		- ,	Date	Supervisor's Sign	Supervisor's Signature			Date	
CLEARANC	CE SECTION								
EMPLOYEE'S FORWARDING ADDRESS:							TELEPHONE #:		
							EMAIL ADDRESS:		
			C	ERTIFICATION STAT	EMENT				
	elow, I certify that all property issued by the eports (including AFCL Reports). I understa							keys, One-Card, work assignme	
Employee's Signature		Date		Supervisor's Signature				Date	
Exit Interview Held:				Benefits Representative					
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Form HR-CLEAR 04/3/06