



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

DEPARTMENT OF FINANCE

DIVISION OF FINANCIAL SERVICES

TEL: (670) 322-1201 / 1202 / 1203



EMPLOYEE CLEARANCE SHEET

This Clearance Sheet is being processed to clear the employee from any outstanding financial obligation owing to the CNMI Government.

EMPLOYEE DATA

REASON FOR CLEARING

NAME OF EMPLOYEE: _____

STATUS OF EMPLOYEE: _____

PLACE OF EMPLOYMENT: _____

DATE CLEARANCE IS PREPARED: _____

EFFECTIVE DATE OF SEPARATION: _____

CHANGE OF HOUSING STATUS (GOVERNMENT TO PRIVATE)

CHANGE OF DUTY STATION

SEPARATION FROM WORK

In the event the employee has an obligation to the government, he/she must obtain a signature from each of the officials listed below, to clear the employee from any of the outstanding obligation. Upon receipt of the completed Clearance Sheet, the Payroll Section, within the Department of Finance will process and issue the employee's last payroll check.

OBLIGATIONS	STATUS		CERTIFYING OFFICIALS	
	OUTSTANDING	CLEARED		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	DEPARTMENT/ ACTIVITY HEAD(S)	DATE
2. MEDICAL/DENTAL CARE	<input type="checkbox"/>	<input type="checkbox"/>	DIR. OF REVENUE CYCLE	DATE
3. ADVANCE TRAVEL, ANNUAL/SICK LEAVE	<input type="checkbox"/>	<input type="checkbox"/>	DIR. OF FINANCIAL SERVICES	DATE
4. PENALTIES/TAXES	<input type="checkbox"/>	<input type="checkbox"/>	DIR. OF REVENUE AND TAX	DATE
5. POWER, SEWER, AND WATER	<input type="checkbox"/>	<input type="checkbox"/>	MANAGER, UTILITY BRANCH	DATE
6. HOUSING/ ALLOWANCES	<input type="checkbox"/>	<input type="checkbox"/>	HOUSING OFFICER	DATE
7. MEDICAL REFERRAL	<input type="checkbox"/>	<input type="checkbox"/>	MEDICAL REFERRAL OFFICER	DATE
8. SCHOLARSHIP OFFICE	<input type="checkbox"/>	<input type="checkbox"/>	SCHOLARSHIP ADMINISTRATOR	DATE
9. DIVISION OF CUSTOMS SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	CUSTOMS OFFICIAL	DATE

REMARKS

SIGNATURE OF EMPLOYEE

FORWARDING ADDRESS

SIGNATURE _____ DATE _____
