

CSU, SAN BERNARDINO
FACULTY CLEARANCE APPROVAL FOR RELEASE OF PAYCHECK
Office of Academic Personnel

Date: _____

Name: _____ Employee ID _____

Department/College: _____

Quarter: F W S Academic Year: _____

_____ Check here if faculty member will be returning next quarter.
(If so, no signatures are required.)

	Clearance Received	Outstanding Obligation Cleared (signature required)
Coyote One Card		
Library		
Media Services		
Facilities Management		
Parking Services		
Travel Advances / Claims		
Telecommunications		
Payroll		
Academic Department		

[] In addition, the employee, if eligible, has received information on benefits continuation.

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I hereby certify that all equipment issued to the subject faculty member has been retrieved & the Property Management Office has been notified of such. In addition, I certify that the above clearances have been verified electronically, and that copies of the electronic clearances are on file in this department.

\_\_\_\_\_  
Department Chair/ Department Secretary

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I certify that I have cleared all debts with the campus. If it is determined after my separation that I am liable for a debt, upon written notification I will repay the campus within thirty days.

REV2/07 rt

Faculty Member