

## EMPLOYEE TERMINATION CLEARANCE FORM

NAME:	
EMPLOYEE ID:	
DATE	
DEPARTMENT:	
POSITION:	

When terminating employment with the UNT Health Science Center, the employee is responsible for clearance with the UNTHSC Police Department for the items listed below. The Police Department will forward the completed *Termination Clearance Form* to Human Resource Services.

KEYS	ACCESS CARD	IDENTIFICATION BADGE	PARKING CITATIONS	PARKING PERMIT	PURCHASING CARD

\_\_\_\_\_  
Police Department (Authorized Signature)

\_\_\_\_\_  
Date