



University of the Philippines Manila
8th Floor, Central Block, PGH Building, Taft Avenue, Manila
The Health Sciences Center

UNIVERSITY CLEARANCE A

(Instructions at the back)

| | | | | | | |
|--|--------------------------|--|---|-----------------------------------|--|--|
| I DETAILS | | | | | | |
| TO: University of the Philippines Manila | | Date of Filing _____ | | | | |
| I hereby request clearance from money, property and work-related accountabilities for: | | | | | | |
| Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Other Mode of Separation: | | | | | | |
| <input type="checkbox"/> Optional Retirement Please specify: _____ | | | | | | |
| Date of Effectivity: _____ | | | | | | |
| Unit: _____ | | Name and Signature _____ | | | | |
| Position/SG/Step: _____ | | Time and Date (Timestamp) of Request _____ | | | | |
| II CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES | | | | | | |
| We hereby certify that this employee is cleared / not cleared of work-related accountabilities from this Unit/Office/Dept. | | | | | | |
| Name and Signature _____ | | | Name and Signature _____ | | | |
| Time and Date (Timestamp) of Immediate Supervisor _____ | | | Time and Date (Timestamp) of Head of Office _____ | | | |
| III CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES | | | | | | |
| Name of Unit/Office/Department | Cleared | Not Cleared | Not Applicable | Name of Clearing Officer/Official | Date and Time Employee was Cleared (Timestamp) | |
| 1. Administrative Services and Finance Management | | | | | | |
| a. Supply and Property Management Office (UPM) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| b. Property and Supply Office (PGH) (for CM faculty) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| c. Information Management System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| d. PGH Accounting Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2. Library | | | | | | |
| a. University Library | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3. Certification of No Pending Administrative Case | | | | | | |
| a. Legal Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| b. Office of Anti-Sexual Harassment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4. Agency Accredited Union/Cooperative/etc. | | | | | | |
| a. UP Diliman Housing Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| b. UP Provident Fund | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| c. UP Credit Cooperative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| d. PGH Bayanihan Multipurpose Cooperative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 5. Faculty Accountability | | | | | | |
| a. Office of the University Registrar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| b. Office of the Alumni Relations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| c. National Institute of Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| IV ACCOUNTABILITIES MANAGEMENT | | | | | | |
| a. PGH Accounting Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| b. UPM Accounting Office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| V CERTIFICATION | | | | | | |
| I hereby certify that this employee is cleared of work-related, money and property accountabilities from this agency. This certification includes no pending administrative case from this agency. | | | | | | |
| _____ Vice Chancellor for Academic Affairs/Administration and Finance Date: _____ | | | | | | |

INSTRUCTIONS:

1. Employees who are optional retirees, being separated, or transferring to other agencies shall prepare this form in quadruplicate.
2. This clearance should be duly accomplished before paying the last salary or any money due the employees. (Specify which type of clearance: retirement, transfer, resignation, etc.)
3. If the employees are cleared from a unit/office/department, the clearing/authorized official may attach to this clearance the pertinent document/s that shall prove that the employees are cleared of any obligation or accountability from their office, if any, and tick the box under the "Cleared" column before affixing their signatures.
4. If the employees appear to have uncleared accountability/ies from a unit/office/department, the clearing/authorized official shall attach to this clearance the pertinent document/s that shall prove that the employees have remaining obligation or accountability from their office further indicating the necessary action/s that the employee must satisfy in order to be cleared, and tick the box under the "Uncleared" column. The clearing/authorized official must only sign this clearance corresponding to their name once the employee have complied the necessary requirements and cleared of all the obligation/s and accountability/ies from their office. They must also tick the box under the "Cleared" column.
5. For box 4 (Agency Accredited Union/Coop.), if the employee is not a member, tick the box under the "Not Applicable" column and have the column/box signed by the Dean/Director of the Unit/Office.
6. For box 5 (Faculty Accountability), if the employee is not a faculty, tick the box under the "Not Applicable".
7. Upon completion, approved clearance should be forwarded to HRDO. The HRDO shall distribute copies of approved clearance as follows: original to the employee; duplicate to be attached to the unit; triplicate to human resource unit file; and fourth copy to accounting/auditing office.
8. GSIS will send a document (clearance) to the provided address/email on the forms submitted. Once received, the separated employee must provide a copy of the GSIS clearance to the HRDO for the processing of separation benefit.

For HRDO Clearance of separated employees, attach the following together with the clearance. **No complete documents, no processing:**

1. Duly signed SALN with date indicated on top of the 1st page same with the date of effectivity of separation
 2. UP Identification card
 3. Exit interview
 4. GSIS form no. 06302017-RET (original/wet signed format)
 5. Terminal leave form
 6. Time records/COS (for Admin/REPS only) (Original copy)
 7. IPCR/PES Rating (Last rating period)
 8. GSIS Member's Request Form (MRF) (original/wet signed format)
- Also, Return Service Obligation will be verified.