Employee Clearance Form – University of Ruhuna

Ι.	Employee Name:	
2.	UPF No	
3.	Department/Division	
4.	Position held:	
5.	Faculty:	
6.	Contact details:	
	Email: Official	Personal:
	Mobile Nos: Voice	What's app

Obtain clearance and authorized signature from the following Department/Division when you submit the request for the study leave or sabbatical leave.

Department	Authorized Signature	
a) Keys, Laptop Computors and other university property returned	Hereby I certify that no outstanding obligations or if have following arrangements were made. Head of the Department/Dean:	
Library a) Material referred b) No outstanding fines	Hereby I certify that no outstanding obligations or if have following arrangements were made. Librarian: Date:	

I hereby certify that I have returned all University property assigned to me and have no outstanding obligations to the University. If have above arrangements were made.

I understand that if it is determined that I have been overpaid or if payments have been made on my behalf that it is my responsibility to repay those amounts to the university.

Employee's Signature:	Date:
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