



Employee Clearance Form

Indianola Campus Greenville Campus Greenwood Campus Moorhead Campus

Employee Name _____ I D No. _____

Department _____ Will you continue PT? Yes No

Last day to work _____ Do you plan to transfer leave to another state agency? Yes No

If yes, what agency? _____

Employee Signature _____ Date _____

Please note: Clearance procedure is not complete without a copy of your resignation letter and Exit Interview Form.

Reason for Clearance:

- Resignation *(attach copy of resignation letter)
- Dismissal
- Retirement
- Leave of Absence
- Other (Specify)

Before receiving your final pay, you are responsible to personally check with appropriate officials in the following functions or offices and obtain their signature, indicating that you are cleared to leave and do not have any college property. Please contact the offices below to check their operating hours.

Bookstore _____ Facilities Management _____

Information Technology _____ Inventory _____

Student Services (Fines) _____

Immediate Supervisor Certification

I certify that the above named employee has cleared all offices required; that he/she has no unauthorized college property; and all necessary administrative actions have been taken to allow him/her to receive their last paycheck. **I further certify that all keys within the employee's possession have been retrieved.**

Signature _____ Date _____

Campus Dean/Division Lead/Vice President Certification

Signature _____ Date _____

Benefits Clerk/Payroll Clerk Certification

Amount of Leave Time Remaining _____

Signature _____ Date _____

District Human Resources Director Certification

I certify that all personnel actions required on the above named employee have been satisfactorily accomplished.

Signature _____ Date _____

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.



EXIT INTERVIEW FORM

Name:	Employee ID #:
Job Title/Campus:	Employment Start Date: End Date:
Position:	Immediate Supervisor:

Why have you decided to leave Mississippi Delta Community College (MDCC)?

Does your new job/company offer something that MDCC may need to consider? If so, please explain.

Please share some things about your tenure at MDCC.

What are the things that MDCC does best from your perspective? What are the opportunities for improvement?

Did you feel that you had the support needed to perform well the responsibilities assigned to you?

What would you recommend for our consideration to help us create a better workplace?

Employee Signature

Date

The MDCC family hopes that you have a bright future and wishes you the very best.

