



**EMPLOYEE SEPARATION CLEARANCE**

Employee Name: \_\_\_\_\_  
RCUOG Employee Identification Number: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Employee Mailing Address: \_\_\_\_\_  
Department/Unit: \_\_\_\_\_  
End Date: \_\_\_\_\_

Employment Type:

- |                    |                                   |
|--------------------|-----------------------------------|
| Part-Time Employee | Full-Time Employee                |
| 20-Week Hire       | Student Recruitment and Retention |

**I acknowledge that the following items, if issued to the employee, have been turned into the unit:**

- |                   |                |
|-------------------|----------------|
| Office/Lab Keys   | Not applicable |
| Computer          | Not applicable |
| Tools             | Not applicable |
| RCUOG Employee ID | Not applicable |

Other \_\_\_\_\_

**Employee Name**

_____	_____	_____
Print Name	Signature	Date (MM/DD/YYYY)

**Appropriate Supervisor**

_____	_____	_____
Print Name	Signature	Date (MM/DD/YYYY)

**Dean or Director**

_____	_____	_____
Print Name	Signature	Date (MM/DD/YYYY)



**Completed by the Research Corporation of the University of Guam:**

**Accounting Department (for travel advances and petty cash)**

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Print Name	Signature	Date (MM/DD/YYYY)
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Print Name	Signature	Date (MM/DD/YYYY)
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**Human Resources Department (for completion of out-processing forms)**

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Print Name	Signature	Date (MM/DD/YYYY)
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Print Name	Signature	Date (MM/DD/YYYY)
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**Reviewed by the RCUOG Executive Director:**

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Print Name	Signature	Date (MM/DD/YYYY)
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**Completed by the University of Guam Office of Information Technology:**

**Triton Email, Self-Service, & Colleague (Deactivate)**

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Print Name	Signature	Date (MM/DD/YYYY)
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**Forwarding Address:**

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*\*This address will be used to mail out any documents (ex. W-2)*



UNIVERSITY OF GUAM

Administration and Finance

Unibetsedåt Guahan

Payroll Office

TO: ALL UOG EMPLOYEES

SUBJECT: CURRENT ADDRESS - PUBLIC LAW 19-22 (SWICA)

We are required by Public Law 19-22 and the Administrative Rules and Regulations of the Government of Guam to request from all current employees the following information.

Please print and provide *local addresses* for the information requested below.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A penalty of \$100.00 per employee will be imposed on the University for noncompliance.

*I certify that the above information is true and correct.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Rev 10/12

UOG Station, Mangilao, Guam 96923  
Telephone: (671) 735-2950 • Fax: (671) 734-3118

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