



Ministry of Finance
BUREAU OF PUBLIC SERVICE SYSTEM

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REPUBLIC OF PALAU
EXIT CLEARANCE FORM

Employee's Name _____
Duty Station _____
Termination Date _____
Departure Date _____

Reason(s) for Departure:
() Permanent Change of Duty Station
() Termination (End of Contract)
() Other _____

IT IS REQUIRED THAT THE ABOVE NAMED EMPLOYEE REPORT TO AND HAVE HIS/HER RECORDS CLEARED BY THE RESPONSIBLE OFFICIALS FOR THE ACTIVITIES LISTED BELOW PRIOR TO DEPARTURE FROM HIS/HER PRESENT DUTY STATION. DESCRIPTION AND AMOUNT OF OUSTANDING DEBT MUST BE EXPLAINED IN THE REMARKS SECTION.

<u>ACTIVITY</u>	<u>INDEBTED</u>		<u>SIGNATURES OF RESPONSIBLE OFFICIAL</u> (Print & Sign)
	Yes	No	
1. Republic of Palau Equipment and/or Supplies	<input type="checkbox"/>	<input type="checkbox"/>	_____ RPPM Accountability Officer, Supply Office
2. Shipment of Household Goods & Personnel Effects	<input type="checkbox"/>	<input type="checkbox"/>	_____ Depot Operation, Supply Office
3. Republic of Palau Accounts Receivables	<input type="checkbox"/>	<input type="checkbox"/>	_____ Accounts Receivable Section, BNT
4. Travel Advance	<input type="checkbox"/>	<input type="checkbox"/>	_____ Travel Section, Bureau of National Treasury
5. Water Utility Charges	<input type="checkbox"/>	<input type="checkbox"/>	_____ Palau Public Utilities Corporation (PPUC)
6. Electricity Utility Charges	<input type="checkbox"/>	<input type="checkbox"/>	_____ Palau Public Utilities Corporation (PPUC)
7. Telephone & Other Communication Charges	<input type="checkbox"/>	<input type="checkbox"/>	_____ Palau Nat'l Communications Corp. (PNCC)
8. Housing (Lease Agreement Has Been Signed & Payment made)	<input type="checkbox"/>	<input type="checkbox"/>	_____ Housing Officer, Public Service System <small>(Landlord's signature is require if private Housing or LQA)</small>
9. Medical Bills	<input type="checkbox"/>	<input type="checkbox"/>	_____ Belau National Hospital Finance (BNH)

REMARKS:

EMPLOYEE'S STATEMENT:

To the best of my knowledge, there are no outstanding debts or obligation to local governments, businesses, or other activities as of this date, except the following:

FORWARDING ADDRESS:

SIGNATURE: _____

DATE: _____

ALL ITEMS ON THIS FORM MUST BE PROPERLY COMPLETED BEFORE FINAL SALARY PAYMENT CAN BE PROCESSED BY THE REPUBLIC OF PALAU PAYROLL SECTION.