



**LOUISIANA STATE UNIVERSITY  
HEALTH SCIENCES CENTER - Shreveport/**

**EMPLOYEE CLEARANCE FORM**

*Instructions:* This form must be completed by all employees (except student workers) and presented to the Human Resources Department. Failure to present the completed form may delay final payment of wages. The check for earned wages and any accrued leave will be mailed to current mailing address unless a forwarding address is listed below.

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - - Department: \_\_\_\_\_

Job Title: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Please list a forwarding address: \_\_\_\_\_

This certifies that the above named employee has cleared through the departments specified below and is not indebted to LSU. Suggested route as follows: \_\_\_\_\_

ROUTE TO	LOCATION	ARTICLES	QUANTITY	INITIALS/SIGNATURE
Your Department		Lab Coats		
		Uniforms		
		Beepers		
		Other		
Physical Plant	Phys Plant Bldg /Rm 234	Keys		
Credit Union	Hospital/G-14			
Hospital Billing	Hospital/G-3			
Medical Records	Hospital/G-06			
Computer Access	Med School/G-303	e-mail	Invision Sign-on	
		Other	Sign-on(s)	
Security	Med School/G-213	Parking Access Card		
Cashier	Med School/ 1-218			
Library	Med School/1-409			
Accounting	Allied Health Bldg/1-108	Payroll		
	Allied Health Bldg/2-219	Travel		
Auxiliary Services	Allied Health Bldg/2-228	Telephone Credit Cards		
		NSF Checks		
		Parking Tickets		
		American Express Cards		
Human Resources	Allied Health Bldg/1-124	Refund for Retirement Accumulations		
		Conversion Privileges for Insurance		
		Re-employment Privileges		
		Identification Card		
		Resignation Forms		