**COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH**

**CLEARANCE CERTIFICATE ON LEAVING THE SERVICE**

**OF THE COUNCIL**

**PART I**

(To be Completed by the Officer Leaving the Service)

1. FULL NAME OF OFFICER: ………………………………………………………………………………………….……… ……….
2. PRESENT POST: ………………………………………………………………………………………………….………..….……….
3. INSTITUTE: …………………………………………………………………………………………………………..…….…………….
4. PRESENT SALARY: ……………………………………………………………………………………………………….…………….
5. DATE OF FIRST APPOINTMENT IN THE COUNCIL: ………………………………...…………………….…………….
6. EFFECTIVE DATE OF LEAVING OFFICE: ……………………………………………………………………………..……….
7. PARTICULARS OF MEANS OF TRANSPORT (IF ANY): ………………………………………………………………….
8. WHETHER OWING ON MEANS OF TRANSPORT: ……………………………………………..…….………………….
9. BALANCE OF TRANSPORT LOAN (IF ANY): …………………………………………………………………..……….
10. BOOKS BORROWED FROM LIBRARY AND BEING RETURNED TO THE SECRETATRIAT BY

THE LIBRARIAN): ……………………………..…………………………….………………………………………………..……….

1. PROPOSED DATE FOR VACATION OF PREMISES: …………………….……………………………………….……….

**NOTE**

1. Officer will not be allowed to stay after effective date
2. Premises should be made tidy before leaving and keys be handed over not later than the

date agreed upon

1. indicate convenient date for checking inventory in your premises at least two weeks

before vacating premises

…………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………

1. RESERVE AGAINST FINAL ELETRICITY AND WATER BILLS: ………………………………………………..………..

………………………………………………………………………………………………………………………………………………….

1. PROPOSALS FOR MEETING PAYMENT OF BALANCE OF LOAN FOR MEANS OF

TRANSPORT: …………………………………………………………………………………………………………………………….

1. DATE FOR HANDING OVER NOTES OR REPORT: **…………………………………………………………….**……….
2. NEXT OFFICIAL ADDRESS: ………………………………………………………………………………………………..……….
3. HOME ADDRESS: ………………………………………………………………………………………………………..……….
4. E-MAIL: …………………………………………………………………………………………………………………………………….
5. TELEPHONE NO.: …………………………………………………………………………………………………………….……….

SIGNATURE OF OFFICER LEAVING SERVICE: ……………………………………………………………………………………….

**PART II**

(COMMENTS BY HUMAN RESOURCE SECTION)

…………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………..

HEAD OF HUMAN RESOURCE SECTION: ……..………………………….………… DATE: …………………..………………

**PART III**

(TO BE COMPLETED BY HOUSING UNIT)

1. WHETHER DATE OF LEAVING PREMISES IS ACCEPTABLE: …………………………………………….……………
2. IF NOT APPROVED INDICATED DATE OFFICER SHOULD VACATE PREMISES

……………………………………………………………………………………………………………………………………….…………

1. REPORT ON INVENTORY TAKEN (Attach Inventory Report)

…………………………………………………………………………………………………………………………………………….……

1. VALUATION OF LOSSES OR DAMAGES, IF ANY (Attach Report)

…………………………………………………………………………………………………………………………………………….……

OFFICER-IN-CHARGE OF HOUSING UNIT: …………………………..…………. DATE: …………….……..…………

**PART IV**

(TO BE COMPLETED BY ACCOUNT SECTION)

1. WHETHER PROPOSALS FOR PAYMENT OF BALANCE ON CAR LOAN ARE ACCEPTABLE:

……………………………………………………………………….…………………………………………………………………………

1. IF NOT ACCEPTABLE, ACTION TO BE TAKEN: ………………………….…………………………………………………

……………………………………………………………………………………………………………………….…………………………

1. OTHER BILLS OUTSTANDING

GH¢

* 1. Electricity: ……………………………………………………
  2. Refrigerator: ……………………………………………………
  3. Air conditioner: ……………………………………………………
  4. Transport hired ……………………………………………………
  5. Petrol Bills: ……………………………………………………

TOTAL ============================

1. SALARY ENTITLEMENT TILL THE EFFECTIVE DATE OF LEAVING THE SERVICE:

……………………………………………………………….…………………………………………………………………………………

1. SUPERANNUATION CONTRIBUTION ‘A’: .………………………………………………..……..…………………………
2. SUPERANNUATION CONTRIBUTION ‘B: (if entitled) .………………………..……………………………………….
3. OTHER ENTITLEMENTS GH¢
   1. ……………………………………………………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. ……………………………………………………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. ……………………………………………………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. TOTAL ENTITLEMENTS: …………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. LESS LIABILITIES GH¢
   1. Item 4 of Part III above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Item 3 of Part IV above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Car loan(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Furniture Loan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. Other Loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   6. Rents Outstanding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   7. Cost of Library Books (Lost/Damaged) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   8. Other Bills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. TOTAL LIABILITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. TOTAL ENTITLEMENTS BROUGHT FORWARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. NET ENTITLEMENT PAYABLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNTANT: …………………………………………………………… DATE: ………………………………

**PART V**

**RECOMMENDATION**

From the facts presented on this form, I certify that the Officer has EITHER settled his/her outstanding debts or has been made suitable and acceptable arrangements to pay his/her debts and therefore recommended that he/she should be considered cleared.

DIRECTOR OF INTERNAL AUDIT: ……………………………………………… DATE: ………………………………

**PART VI**

**APPROVAL**

On the basis of the information provided, I certified that the Officer is cleared.

DIRECTOR OF ADMINISTRATION: …………………………………………… DATE: …………………………………