



**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.*

ACTIVITY	INDEBTED		SIGNATURES OF RESPONSIBLE OFFICIAL (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
3. Republic of Palau Payroll Office	<input type="checkbox"/>	<input type="checkbox"/>	_____ Payroll 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.*

*DISTRIBUTION: ORIGINAL - Payroll Section, Bureau of National Treasury*

*COPY - Bureau of Public Service System*