**GHANA HIGHWAY AUTHORITY**

**EMPLOYEE CLEARANCE**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Division/Region/Road Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving (Retirement, Resignation, Dismissal, other issues)

Please clear the items listed with the respective Heads. A completed clearance has not been made until all Directors/Managers have signed. The sheet is to be returned to the ***Office of the Director of Human Resources.***

|  |
| --- |
| **FINANCIAL CLEARANCE** ***(Dir. of Finance or Regional Accountant to Sign)*** |
| I certify that there is no outstanding action in relation to (Please Tick):  Salary Advance Loans Imprest Other (Please Specify) |
| Name: |  Signature Date  |
| **VEHICLE(S) CLEARANCE *(Dir. of Plant & Equipment /Reg. Highway Dir.to Sign)*** |
| I certify that:- Vehicle(s) have been returned All Tools and Equipment have been returned or accounted forOther (Please Specify)  |
|  Name: Signature Date  |
| **BUNGALOW CLEARANCE *(Dir. In Charge of Estates /Rep. to Sign)***  |
| I certify that:- Bungalow has been vacated and keys handed over  Utility Bills SettledOther (Please Specify) |
|   Name: Signature Date |
| **ADMINISTRATIVE CLEARANCE** ***(Divisional Dir./Regional Highway Dir. to Sign)*** |
| I certify that:- Handing Over Notes have been prepared  Identity Card has been submitted   Computer, Laptops and accessories have been returned   Offical Documents have been returned  Computer Login and Passwords are cancelled  |
|  Name: Signature Date |
| **MUTUAL SAVINGS AND CREDIT FUND *(Fund Manager to Sign)*** |
| I certify that:- All Loans have been settled Officer has not guranteed a loan for another Officer   Other (Please Specify) |
| Name**:** Signature Date |
| **Staff certification** (Departing staff to sign)I hereby certify that I do not have unauthorised data and any other property of the Authority in my possession and that I have completed all the necessary actions required prior to my departure. |
| Signature Date  |
| **HANDOVER COMPLETED *(Regional Dir./ Dir. of Human Resources to Sign)***  |
| I certify that:- The Check Out Form has been completed  A verbal handover has been conducted with Supervisor/Officer taking over   |
|  Name: Signature Date  |

**MUTUAL SAVINGS AND CREDIT FUND**

**REFUND APPLICATION FORM**

***THIS FORM SHOULD ONLY BE COMPLETED AFTER THE APPLICANTS NAME HAS BEEN DELETED FROM THE PAYROLL***

**NAME OF APPLICANT……………………………………………………………………...………………………**

**M.S.C.F. NO…………………………………………………………………………………….………………………**

**STAFF NO………………………………………………….TEL. NO…………………………………………..……**

**REGION………………………………………………………………………………………….………………………**

**DESIGNATION…………………………………………………………………………………………………………**

**APPLICANT’S SIGNATURE………………………………………………………………..……………….………**

**\*RETIREMENT/DEATH/RESIGNATION/TERMINATION DATE………………………………….….…**

**APPLICANT’S INDEBTEDNESS TO GHA: E.G. (SALARY ADVANCE, RENT ADVANCE, ETC)**

**MSCF COORDINATOR RECOMMENDATION..…………………………………………………………….….**

**DATE OF DELETION OF NAME FROM THE PAYROLL (AND UNEARNED SALARY IF ANY)**

**……………………………………………………………………………………………………………..………………**

**DOES APPLICANT OCCUPY GHA ACCOMMODATION? YES NO**

**HOW MUCH RENT DOES THE APPLICANT OWE GHA (IF ANY) GH¢……………………………………**

**DATE OF VACATION OF BUNGALOW………………………………………………………..…………………**

**REGIONAL ACCOUNTANT’S RECOMMENDATION...................................................................**

**REGIONAL/DIVISIONAL DIRECTOR’S RECOMMENDATION…………………………….………………**

**DIRECTOR OF FINANCE RECOMMENDATION……………………………………………….………………**

***OFFICIAL USE ONLY***

***DATE OF PAYMENT………………………………………………………………………………………………..………………***

***TOTAL CONTRIBUTION GH¢……………………………………………………………………………..……………………***

***PROCESSED BY……………………………………………………………………………………………………………………***

***APPROVED BY………………………………………………………………………………………………………………………***

***NB: REGIONAL DIRECTOR’S STAMP IS REQUIRED ON ALL APPLICATIONS***

***\*APPLICANTS SHOULD UNDERLINE APPLICABLE ONE***