



R3

KABARNET UNIVERSITY COLLEGE

CLEARANCE CERTIFICATE **(TO BE FILLED IN** **DUPLICATE)**

PART A: MEMBER OF STAFF CLEARING

(i) Name of Officer leaving.....PF.
No..... (ii)
Signature:.....Date..... (iii)
Designation..... (iv)
Reason for leaving University.....
.....

PART B: HEAD OF DEPARTMENT/SECTION/UNIT

This officer is under my immediate supervision and I confirm that he/she has no liabilities with the department
Verified by.....Sign.....

PART C: DEAN OF SCHOOL/ DIRECTOR OF INSTITUTE

I confirm that this officer has/has no liabilities with the Faculty
Verified by.....Sign.....

PART D: LIBRARY

All books returned/not returned.....Charge
Kshs:..... Verified by.....
Sign.....Date.....

PART E: BOOKSHOP

Outstanding amount

Kshs:..... Verified

by..... Sign.....Date.....

PART F: UNIVERSITY FARM

Outstanding amount Kshs:.....
Sign..... Verified by.....
Sign.....Date.....



PART G: ESTATES STORE

PART (i): Verified by..... Sign.....
(ii) Inspection of House No..... Date.....
(Inspection Report attached)
We consider that the occupant be surcharged a sum of
Kshs:..... Verified by..... Sign
.....Date.....

PART H: MUSCO SACCO

Loans Balance Kshs:.....
Verified by.....Sign.....Date.....

PART I: EXPENDITURE SECTION

Medical and other outstanding bills Kshs:.....
Verified by..... Sign.....

PART J: PERSONAL CLAIMS SECTION

Outstanding amount of imprest Kshs:.....
Verified by.....Sign.....Date.....

PART K: REVENUE SECTION

Outstanding Invoices Kshs:.....
Verified by:..... Sign.....Date.....

PART L: HOUSING

- (i) Outstanding House Rent Kshs:.....
 - (ii) Outstanding Electricity Bill Kshs:.....
 - (iii) Outstanding Water Bill Kshs:.....
- Verified by:..... Sign.....Date.....

REGISTRY: M Number of leave days balance.....
Staff Identification Card Returned/Not Returned.....Charge Ksh.....
Verified by.....Sign.....Date:.....



PART: N: SALARY SECTION

- (i) Outstanding salary advance.....
 - (ii) Salary has been stopped with effect from.....
 - (iii) Salary overpayment amounts to Kshs.....
- Verified by..... Sign.....Date.....

PART O: AUTHORISED/APPROVED

Both certificates received

Deputy Principal Administration, Planning & Finance

.....

Signature

Date

