

**DEPARTMENT OF FISH AND GAME - Exit Clearance Form**

**A. Employee Data**

Employee Name		Work Address/Phone Number*	
Classification		Position No.	Division/Region/Branch
Date of Separation	<input type="checkbox"/> Transfer - list state agency or program: _____ <input type="checkbox"/> Leave of Absence (more than 30 days)	<input type="checkbox"/> Retirement <input type="checkbox"/> Other <input type="checkbox"/> Resigned from state service	

**B. Employees' State Property and Services**

<input type="checkbox"/> Building Key Card and/or Keys / Card No.	<input type="checkbox"/> Voyager Card / Card No.
<input type="checkbox"/> General Services Charge Card / Card No.	<input type="checkbox"/> CAL-Card / Card No.
<input type="checkbox"/> American Express Card / Card No.	<input type="checkbox"/> Telephone Calling Card / Card No.
<input type="checkbox"/> DFG Identification/Security Badge / Card No.	<input type="checkbox"/> Vehicle Make      License No.
<input type="checkbox"/> DFG-Residential Telephone, DSL, etc.	Description and/or Number
<input type="checkbox"/> Equipment: Computer, Cell Phone, etc.	Description and/or Number
<input type="checkbox"/> Other	Description

**C. System Program Applications**

<input type="checkbox"/> Novell/GroupWise	<input type="checkbox"/> CWO	<input type="checkbox"/> HIS	<input type="checkbox"/> SPB	<input type="checkbox"/> Data warehouse	<input type="checkbox"/> CALSTRS
<input type="checkbox"/> GEO	<input type="checkbox"/> LAS	<input type="checkbox"/> BIS/PPS	<input type="checkbox"/> CFIS	<input type="checkbox"/> PCARS	<input type="checkbox"/> SCO

**D. Certifications**

*I hereby provide notice of my intent to leave/transfer employment with the Department of Fish and Game. To the best of my knowledge, this represents the clearance of all advances, the return of all Department property, keys, entrance passes, credit cards, and equipment.*

**Employee's Signature**

**Date**

*In addition to verifying the above information, I have taken action to (1) delete the employee from any signature authorizations; (2) remove the employee's access codes from any protected computer programs (Profs, LANS, etc.); (3) disconnect any residential phone lines and; (4) change any safe combinations known by the employee. I have collected all department assets described above.*

**Supervisor's Signature**

**Date**

**Administrative Officer/Branch Chief Signature**

**Date**

**➔ TO BE COMPLETED BY HRB / ASB STAFF ONLY**

**E. Accounting Services Branch**

All advances have been cleared <input type="checkbox"/> Yes <input type="checkbox"/> No		All Accounts Receivable have been cleared <input type="checkbox"/> Yes <input type="checkbox"/> No	
Completed by	Date	Completed by	Date

**F. Human Resources Branch – (HRB) Separation Data & Separation Check Off Form (attached)**

Date of Separation	<input type="checkbox"/> Transfer list agency or program: _____ <input type="checkbox"/> Retirement <input type="checkbox"/> Other <input type="checkbox"/> Resigned from State Service <input type="checkbox"/> Leave of Absence (more than 30 days)
Completed by	Date

## INSTRUCTIONS

The employee's supervisor is responsible for initiating this form and ensuring its completion and distribution. This document may contain confidential information and should be handled appropriately. This document must be completed for the separation of all staff: permanent fulltime and part-time staff, contract employees (federal or private), consultants, students, permanent intermittents, and retired annuitants.

### **DISTRIBUTION:**

Following completion of the Exit Clearance Form Sections A-C, forward a copy to Business Services Section (BSS), Administrative Services Branch (ASB), and Information Technology Branch (ITB) in Sacramento to confirm all the information listed accurately reflect the information on file. It will be returned within 72 hours with any discrepancies. On the day of separation, your AO will forward signed copies to: ASB, BSS, HRB, and ITB.

Fax numbers: ASB (Claims) .....(916) 654-2825                      Business Services ..... (916) 445-5151  
                  ITB .....(916) 323-1479                                      Personnel ..... (916) 654-2834

Route the completed Exit Clearance Form to HRB along with the final Attendance and Labor Distribution Report (FG-681). It may also be necessary to forward documents such as:

- Separation checklist
- Resignation letter
- Separation/Disposition of PERS Contribution (Std. 687)
- Unemployment Insurance Claim Record (FG-PERS 227)

1. **Section A. (Supervisor)** - Fill in all boxes. **\*Telecommuting staff must list their home addresses to ensure all department paid services are disconnected.** For departmental transfers whether internal or external, please provide information.
2. **Section B. (Employee/Supervisor)** - Check appropriate boxes and enter all related card information. **Do not** turn in CAL-Card or American Express cards. These cards should be destroyed by the supervisor. American Express cards may be retained if the employee is transferring to another State department which participates in the program. Building keys, calling cards, General Services cards, and identification cards are to be collected by the supervisor and turned into BSS. Many items are staff specific and will be terminated. Re-issuing cards and keys requires updating of databases prior to re-issuance and must be approved by appropriate supervisor and BSS. A copy of this form must accompany the package of relinquished items. If more space is needed, please note on additional page.
3. **Section C. (Supervisor)** - **Completion of this section is necessary to ensure all software programs utilized by the employee are disconnected.** Check appropriate boxes to cancel employee user ID's: Novell/GroupWise; Coastal Web Online (CWO); Hunter Information (HIS); State Personnel Board (SPB); GEO Domain (GEO); License Agent System (LAS); Business Information System (BIS/PPS) (including the Director's Tracking System); Commercial Fisheries Information System (CFIS), Data warehouse, PCARS, CALSTRS, and SCO. Failure to notify these programs may allow charges to continue against your funding source and/or compromise your program's security.
4. **Section D.(Employee, Supervisor, & Administrative Officer)** - The employee, supervisor, and AO and/or Branch Chief will sign to indicate acknowledgement of the statements.
5. **Section E. (ASB)** - ASB will sign to certify that the existing employee owes no money to the Department. **Do not release the employee's final warrant until certifications are received.** ASB only requires Section A to be completed. Certifications will be completed within 24 hours of submittal.
6. **Section F. (HRB)** - This section and the separation checklist are to be filled out by HRB Personnel Specialist. HRB specialist will work with ASB staff on any related warrant issues.

## ALL Separation Packages must contain the following documents

- Final & all outstanding Timesheet(s) (FG-681), with employee & supervisor signatures
- Exit Clearance (HRB-414) – completed & signed
- Separation Employee Action Request (STD 686) – unless transferring

**IMPORTANT: Contact your Personnel Specialist upon notification of any separation.**

PERSONNEL SPECIALIST SEPARATION CHECK OFF FORM	Transfer	Retire	Death	Other
<b>Position Number:</b> _ _ _ - _ _ _ - _ _ _ - _ _ _				
Obtain final pay period's Time Sheet & Exit Clearance (if possible, do so seven days before separation)	X	X	X	X
Route HRB-414 to FASB (you may have to walk it through FASB due to time constraints)	X	X	X	X
Review & Purge employee's Official Personnel File (OPF) (see <b>TDM</b> Section E, page 9.1)	X	X	X	X
Cancel Direct Deposit (only cancel DD for transferring ee, if ee owes DFG & it can't be payroll deducted)		X	X	X
Notify all individuals/organizations listed on the Deceased Employee Worksheet			X	
Prepare & Key Employee Action Request (STD 686)		X	X	X
Prepare Dental Plan Enrollment Authorization (STD 692)		X		
Prepare direct pay authorization to continue health, dental, & vision benefits for survivors			X	
Prepare letter to employee's designee/next of kin			X	
Update Controller's Leave Accounting System (CLAS) – make sure all time is posted or cashed out	X	X	X	X
Document & key a Request for Miscellaneous Payment STD 671 ( <i>if applicable</i> )	X	(on P A R)		
Post cash out of Compensated Time Off (CTO) & Excess Hours	X	X	X	X
Calculate lump sum payment & submit to supervisor for review	X	X	X	X
Document & Key Personnel Action Request (PAR)	X	X	X	X
Prepare salary advance ( <i>when necessary</i> )	X	X	X	X
Release payroll warrant (on last day, or within 72 hours in the case of employee's death)	X	X	X	X
Process Separation/Disposition of CalPERS Contribution (STD 687) ( <i>when necessary</i> )		X	X	X
Document Position Card	X	X	X	X
Document Form Time & Attendance Report (STD 672)	X	X	X	X
Review Turn Around Personnel Action Request (STD 680 – PAR) for accuracy		X	X	X
Complete PPSD-21, Deceased Employee Data			X	
Complete PERS-738, Report of Separation for Death-Request for Payroll Information			X	
Prepare COBRA enrollment Eligibility Letter & Election Form ( <i>when necessary</i> )		X	X	X
Prepare COBRA enrollment forms ( <i>when required</i> )	X	X	X	X
Distribute Notice Of Personnel Action (NOPA)		X	X	X
Document Employee Transfer Data (STD 612), <b>email OTD informing them of the transfer</b>	X			
Mail PAR, Completed STD 612, & OPF transferable contents to receiving agency ( <i>See TDM for details</i> )	X			
Conflict of Interest - Leaving Office Statement ( <i>Notify Conflict of Interest Analyst</i> )	X	X	X	X

<b>Headquarters Personnel Specialist</b>			Date
Receiving Department	Vacant Date	Lump Sum through date	Verified by Supervisor

<b>Regional Personnel Specialist</b>			Date Faxed to HQ Specialist
Receiving Department	Vacant Date	Lump Sum through date	Verified by Supervisor: