



**HUMAN RESOURCE MANAGEMENT OFFICE**

**PART TIME FACULTY CLEARANCE FORM**

Date Filed \_\_\_\_\_

I, \_\_\_\_\_ from \_\_\_\_\_ would like  
(Family Name) (First Name) (Middle Name) (College/Department)  
to apply for a clearance for the \_\_\_\_\_ semester/summer, academic year \_\_\_\_\_.

	<b>Clearing Officer's Signature</b>	<b>Date</b>
Department Chair/Dean		
Dean of College		
Aklatang Emilio Aguinaldo (AEA)		
Laboratory <i>(for laboratory faculty only)</i>		
Faculty Association (FA)		
DLSU-D Development Cooperative <i>(for members only)</i>		
Office of the Registrar (OUR)		
Information Technology Center (ITC)		
Warehouse Office		
DLSHSI Credit and Collection <i>(through Accounting Office)</i>		
Human Resource Management Office (HRMO)		
Accounting Office		

\_\_\_\_\_  
**Signature of Faculty**

**Note:**

1. Only part time faculty members who have submitted their report of grades to the Registrar's Office will be cleared by the said office. Salaries will be withheld if this form is not accomplished.
2. Please present this form to the Accounting Office upon claiming your salary.