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Date

**FACULTY CLEARANCE**

To Whom It may Concern:

I would like to apply for a clearance for the \_\_\_\_\_ semester/summer, academic year \_\_\_\_\_

|  | Clearing Officer's Signature | Date |
|--|------------------------------|------|
| Department Chair/Dean                    |                              |      |
| Dean of College                          |                              |      |
| Library                                  |                              |      |
| Laboratory (for Laboratory faculty only) |                              |      |
| Registrar                                |                              |      |
| HRMO (for part-time faculty only)        |                              |      |
| Accounting (for part-time faculty only)  |                              |      |
| Faculty Association                      |                              |      |
| Faculty Development Cooperative          |                              |      |

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Signature over printed name of faculty

College/Department: \_\_\_\_\_

- Full-time  
 Part-time

- a) Only 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 by the Accounting Office if the faculty clearance is not submitted.  
b) Please present this form upon claiming your salary.

cc: Faculty Member, HRMO, Registrar

