**CLMD EMPLOYEE EXIT FORM**

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,   
 Name Designation/Position

has been cleared of all property, documentary, and other accountabilities in this   
Office as specified below.

**Quarter 1**

|  |  |  |
| --- | --- | --- |
|  | **Requirements** | **Signature** |
| 1 | Budget Utilization Report for each FY |  |
| 2 | PMP |  |
| 3 | PAF |  |
| 4 | Compilation of DepEd Policies Relative to the Portfolio/s |  |
| 5 | Accomplishment/Completion Report (for Each Activity Conducted) |  |
| 6 | SAROs |  |
| 7 | RBAs (for Each Activity Conducted) |  |
| 8 | Non-Consumable Materials/Supplies Received |  |
| 9 | IPCRF |  |

**Quarter 3**

|  |  |  |
| --- | --- | --- |
|  | **Requirements** | **Signature** |
| 1 | Budget Utilization Report for each FY |  |
| 2 | PMP |  |
| 3 | PAF |  |
| 4 | Compilation of DepEd Policies Relative to the Portfolio/s |  |
| 5 | Accomplishment/Completion Report (for Each Activity Conducted) |  |
| 6 | SAROs |  |
| 7 | RBAs (for Each Activity Conducted) |  |
| 8 | Non-Consumable Materials/Supplies Received |  |
| 9 | IPCRF |  |

**Quarter 2**

|  |  |  |
| --- | --- | --- |
|  | **Requirements** | **Signature** |
| 1 | Budget Utilization Report for each FY |  |
| 2 | PMP |  |
| 3 | PAF |  |
| 4 | Compilation of DepEd Policies Relative to the Portfolio/s |  |
| 5 | Accomplishment/Completion Report (for Each Activity Conducted) |  |
| 6 | SAROs |  |
| 7 | RBAs (for Each Activity Conducted) |  |
| 8 | Non-Consumable Materials/Supplies Received |  |
| 9 | IPCRF |  |

**Quarter 4**

|  |  |  |
| --- | --- | --- |
|  | **Requirements** | **Signature** |
| 1 | Budget Utilization Report for each FY |  |
| 2 | PMP |  |
| 3 | PAF |  |
| 4 | Compilation of DepEd Policies Relative to the Portfolio/s |  |
| 5 | Accomplishment/Completion Report (for Each Activity Conducted) |  |
| 6 | SAROs |  |
| 7 | RBAs (for Each Activity Conducted) |  |
| 8 | Non-Consumable Materials/Supplies Received |  |
| 9 | IPCRF |  |

Note: Documentary requirements to be accomplished and submitted include those from the first day to the last day of service of the concerned individual in this Office.

This is issued on \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021, in connection with his/her transfer to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

First Day of Service at CLMD : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Day of Service at CLMD : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified by:

**VIERNALYN M. NAMA**

Chief

Curriculum and Learning Management Division