



JOMO KENYATTA UNIVERSITY OF AGRICULTURE AND TECHNOLOGY
P. O. BOX 62000. NAIROBI. KENYA. TELEPHONE: TEL: 67-5870000/1/2/3/4/5

- i. **I (FULL NAME IN BLOCK LETTERS)**
of Department/Section..... **PF No.**.....
wish to be cleared since I am leaving the University employment with effect from (dd/mm/yy).....
- ii. **HEAD OF DEPARTMENT:** I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:
.....
.....
Signature & stamp..... **Date:**
- iii. **FARM DEPARTMENT:**
REMARKS BY FARM MANAGER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:
.....
.....
Signature & stamp..... **Date:**
- iv. **LIBRARY DEPARTMENT:**
REMARKS BY LIBRARIAN: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:
.....
.....
Signature: **Date:**
- v. **ESTATES DEPARTMENT:**
REMARKS BY ESTATES MANAGER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:
.....
.....
Signature & stamp..... **Date:**
- vi. **CATERING DEPARTMENT:**
REMARKS BY CATERING MANAGER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:
.....
.....
Signature & stamp..... **Date:**
- vii. **SPORTS AND GAMES DEPARTMENT:**
REMARKS BY DIRECTOR: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:
.....
.....
Signature & stamp..... **Date:**
- viii. **CARETAKER'S DEPARTMENT:**
REMARKS BY CARETAKER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:
.....
.....
Signature & stamp..... **Date:**



ix. **ENGINEERING WORKSHOP:**

SECTION	REMARKS	SIGNATURE
FITTING AND SHEET METAL		
CONSTRUCTION PLANT		
PRODUCTION		
MACHINE SHOP		
MOTOR VEHICLE		
WELDING		
PLUMBING		
CARPENTRY		
MASONRY		
Innovation and Prototyping integration Centre (iPIC)		
OTHER(S)		

REMARKS BY CARETAKER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature & stamp..... Date:

x. **HALLS OF RESIDENCE:**

REMARKS BY HALLS MANAGER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature & stamp..... Date:

xi. **JKUATES:**

REMARKS BY DIRECTOR: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature & stamp..... Date:

xii. **JKUAT INDUSTRIAL PARK LIMITED:**

REMARKS BY DIRECTOR: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature & stamp..... Date:

xiii. **JKUAT NURSERY SCHOOL**

REMARKS BY INCHARGE: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature & stamp..... Date:

xiv. **JKUAT HOSPITAL**

REMARKS BY CHIEF MEDICAL OFFICER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature & stamp..... Date:



xv. **LAUNDRY SERVICES:**

REMARKS BY DIRECTOR: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature & stamp..... **Date:**

xvi. **FUNDILIMA COOPERATIVE SOCIETY:**

REMARKS BY CHAIRMAN/TREASURER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature & stamp..... **Date:**

xvii. **FINANCE:**

SECTION	AMOUNT	REMARKS	SIGNATURE
REVENUE			
PAYMENTS			
SALARIES			
PURCHASING			
PENSIONS			
BOOKSHOP			
BUDGETARY CONTROL			
STORES			
MAIN OFFICE			
OTHER(S)			

REMARKS BY FINANCE OFFICER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature & stamp..... **Date:**

xviii. **HUMAN RESOURCE DEPARTMENT:**

REMARKS BY HUMAN RESOURCE MANAGER: I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

Signature: **Date:**

