

FAR NORTH LUZON GENERAL HOSPITAL AND TRAINING CENTER
CLEARANCE FORM

(Instructions at the back)

| | |
|--|----------------|
| I | PURPOSE |
| _____ Date of Filing | |
| TO: <u>Far North Luzon General Hospital and Training Center</u> | |
| I hereby request clearance from money, property and work-related accountabilities for: | |
| Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input type="checkbox"/> Other Mode of Separation: | |
| <input type="checkbox"/> Retirement <input type="checkbox"/> Leave Please specify: _____ | |
| Date of Effectivity: _____ | |

| | |
|-----------------------------|--------------------------------|
| Office of Assignment: _____ | _____ |
| Position/SG/Step: _____ | Name and Signature of Employee |

| | |
|--|--|
| II | CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES |
| We hereby certify that this employee is cleared <input type="checkbox"/> / not cleared <input type="checkbox"/> of work-related accountabilities from this Unit/Office/Dept. | |
| _____ Immediate Supervisor | <u>MARLENE L. LUBO, MD, FPPS, MHA</u> Head of Office |

| | | | | | |
|--|---|---------|-------------|-----------------------------------|-----------|
| III | CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES | | | | |
| | Name of Unit/Office/Department | Cleared | Not Cleared | Name of Clearing Officer/Official | Signature |
| 1. Administrative Services | | | | | |
| | a1. Property Procurement Services | | | JULIET A. CABRERA | |
| | a2. Supply and Management Services | | | CHRISTOPHER D. ESTELON | |
| | b. Human Resource Welfare & Assistance | | | JOYCE A. BALUSCANG | |
| | c. Agency-accredited Union/Cooperative | | | BELLA C. CALAYAG | |
| 2. Library | | | | | |
| | a. Legal Office Library | | | | |
| | b. Library Services | | | | |
| 3. Finance and Assets Management | | | | | |
| | a. Financial Services | | | CHOHAN MAYE H. CARIAGA | |
| | b. Transaction, Processing & Billing Services | | | CHOHAN MAYE H. CARIAGA | |
| | c. Payroll & Remittance Services | | | JOCELYN B. DU | |
| 4. Professional and Institutional Development | | | | | |
| | a. Scholarship Services | | | | |

| | | | | |
|-----------|---|--|--|-------------------------|
| IV | CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE: | | | |
| | a. Internal Affairs Office/Legal Affairs Office | | | BRENDA B. BAYANI |
| | <input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet) | | | |

| | |
|--|----------------------|
| V | CERTIFICATION |
| I hereby certify that this employee is cleared of work-related, money and property accountabilities from this agency. This certification includes no pending administrative case from this agency. | |
| <u>MARLENE P. LIBATIQUE- LUBO, MD, FPPS, MHA</u> | |
| Signature over Printed Name of Agency Head | |