NAROK COUNTY GOVERNMENT



Instructions:

1. This form must be completed in duplicate.

PART I (TO BE COMPLETED B Y THE OFFICER LEAVING NAROK COUNTY PUBLIC SERVICE)

Name:.....P/NO:.....

Designation:.....Postal Address:....

Signature:......Date:....

PART II (CLEARANCE BY IMMEDIATE SUPERVISOR)

I confirm that the officer has handed to me all assets under his/her custody and is fully cleared.

Name:	
Designation:	Date & Rubber Stamp

PART III (CLEARANCE BY FINANCE /ACCOUNTS DEPARTMENT)

I confirm that the officer has cleared and surrendered all imprest. He/she has no pending liabilities with the County Government.

Name:	P/NO:
Designation:	Date & Rubber Stamp

PART IV (TO BE COMPLETED BY AUTHORIZED OFFICER)

PART V (TO BE COMPLETED BY HQTS (HR/PAYROLL SECTION)

1.	Outstanding salary advance Kshs.
	Outstanding Departmental Loans Kshs
	Other outstanding liabilities Kshs
4.	Salary has been stopped with effect fromaccording
	to
Name:	P/No:
Design	ation:Date & Rubber Stamp