



# KAIMOSI FRIENDS UNIVERSITY (KAFU)

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Kaimosi – 50309

Kenya

## OFFICE OF THE REGISTRAR (ADMINISTRATION)

### CLEARANCE FORM ON TERMINATION OF APPOINTMENT

#### (TO BE COMPLETED IN DUPLICATE)

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. **IGU DEPARTMENT:**  
**REMARKS BY IN-CHARGE IGU:** 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 IN-CHARGE ESTATES:** 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 SECTION:**

**REMARKS BY IN-CHARGE CATERING SECTION:** I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

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

vii. **SPORTS AND GAMES SECTION:**

**REMARKS BY IN-CHARGE SPORTS AND GAMES SECTION:** I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities:

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

x. **HOSTELS SECTION:**

**IN-CHARGE HOSTELS SECTION:** I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities: .....

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

xi. **IN-CHARGE HEALTH SERVICES**

**IN-CHARGE HEALTH SERVICES:** I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities: .....

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

xii. **IN-CHARGE ICT**

**IN-CHARGE ICT:** I have/have not cleared the above from any liability in this Department. If not cleared, give reasons and details of liabilities: .....

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

xiii. **KAIVERSITY SACCO 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: .....

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.....  
.....

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

xiv. **FINANCE OFFICER:**

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

xv. **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: .....

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

xviii. **HUMAN RESOURCE DEPARTMENT:**

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

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