RESEARCH CORPORATION
OF THE UNIVERSITY OF GUAM

EMPLOYEE SEPARATION CLEARANCE

Employee Name: _____
RCUOG Employee Identification Number: _____
Position Title: _____
Employee Mailing Address**:** _____
Department/Unit: _____
End Date: _____

Employment Type:

☐ Part-Time Employee ☐ Full-Time Employee
☐ 20-Week Hire ☐ Student Recruitment and Retention

I acknowledge that the following items, if issued to the employee, have been turned into the unit:

☐ Office/Lab Keys ☐ Not applicable
☐ Computer ☐ Not applicable
☐ Tools ☐ Not applicable
☐ RCUOG Employee ID ☐ Not applicable

Other _____

Employee Name

_____

Print Name Signature Date (MM/DD/YYYY)

Appropriate Supervisor

_____

Print Name Signature Date (MM/DD/YYYY)

Dean or Director

_____

Print Name Signature Date (MM/DD/YYYY)

RCUOG is an EEO Employer and Provider
303 University Drive UOG Station, Mangilao, Guam 96923
UOG Dean's Circle House #24
Tel. 671-735-0336/0249/50/51/

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Completed by the Research Corporation of the University of Guam:

Accounting Department (for travel advances and petty cash)

Danica Batac

Print Name	Signature	Date (MM/DD/YYYY)

Barbara Molarte

Print Name	Signature	Date (MM/DD/YYYY)

Human Resources Department (for completion of out-processing forms)

Sable Sablan

Print Name	Signature	Date (MM/DD/YYYY)

Raeanne Concepcion

Print Name	Signature	Date (MM/DD/YYYY)

Reviewed by the RCUOG Executive Director:

Cathleen Moore-Linn

Print Name	Signature	Date (MM/DD/YYYY)

Completed by the University of Guam Human Resources Office:

Records and Benefits (Close out)

Print Name	Signature	Date (MM/DD/YYYY)

Cancellation of Insurance Coverage (Sent to Payroll)

Print Name	Signature	Date (MM/DD/YYYY)

Forwarding Address:

This address will be used to mail out any documents (ex. W-2)

UNIVERSITY OF GUAM | Administration and Finance

Unibetsedåt Guahan | Payroll Office

TO: ALL UOG EMPLOYEES

SUBJECT: CURRENT ADDRESS - PUBLIC LAW 19-22 (SWICA)

We are required by Public Law 19-22 and the Administrative Rules and Regulations of the Government of Guam to request from all current employees the following information.

Please print and provide *local addresses* for the information requested below.

Name: _____

Social Security Number: _____

Date of Birth: _____

Mailing Address: _____

_____

_____

Residential Address: _____

_____

_____

A penalty of $100.00 per employee will be imposed on the University for noncompliance.

I certify that the above information is true and correct.

_____ _____

Employee's Signature **Date**

Rev 10/12

UOG Station, Mangilao, Guam 96923
Telephone: (671) 735-2950 • Fax: (671) 734-3118

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