

# MOI UNIVERSITY

## CLEARANCE CERTIFICATE (TO BE FILLED IN DUPLICATE)

**PART A: MEMBER OF STAFF CLEARING**

- (i) Name of Officer leaving..... PF. No.....
- (ii) Signature:..... Date.....
- (iii) Designation.....
- (iv) Reason for leaving University.....  
.....

**PART B: HEAD OF DEPARTMENT/SECTION/UNIT**

This officer is under my immediate supervision and I confirm that he/she has no liabilities with the department

Verified by..... Sign.....

**PART C: DEAN OF SCHOOL/ DIRECTOR OF INSTITUTE**

I confirm that this officer has/has no liabilities with the Faculty

Verified by..... Sign.....

**PART D: LIBRARY**

All books returned/not returned..... Charge Kshs:.....

Verified by..... Sign..... Date.....

**PART E: BOOKSHOP**

Outstanding amount Kshs:.....

Verified by..... Sign..... Date.....

**PART F: UNIVERSITY FARM**

Outstanding amount Kshs:..... Sign.....

Verified by..... Sign..... Date.....

**PART G: ESTATES STORE**

**PART (i):** Verified by..... Sign.....

(ii) Inspection of House No..... Date.....

(Inspection Report attached)

We consider that the occupant be surcharged a sum of Kshs:.....

Verified by..... Sign .....Date.....

**PART H: MUSCO SACCO**

Loans Balance Kshs:.....

Verified by.....Sign.....Date.....

**PART I: EXPENDITURE SECTION**

Medical and other outstanding bills Kshs:.....

Verified by..... Sign.....

**PART J: PERSONAL CLAIMS SECTION**

Outstanding amount of imprest Kshs:.....

Verified by.....Sign.....Date.....

**PART K: REVENUE SECTION**

Outstanding Invoices Kshs:.....

Verified by:..... Sign.....Date.....

**PART L: HOUSING**

(i) Outstanding House Rent Kshs:.....

(ii) Outstanding Electricity Bill Kshs:.....

(iii) Outstanding Water Bill Kshs:.....

Verified by:..... Sign.....Date.....

**REGISTRY: M** Number of leave days balance.....

Staff Identification Card Returned/Not Returned..... Charge Ksh.....

Verified by.....Sign.....Date.....

**PART: N: SALARY SECTION**

(i) Outstanding salary advance.....

(ii) Salary has been stopped with effect from.....

(iii) Salary overpayment amounts to Kshs.....

Verified by..... Sign.....Date.....

**PART O: AUTHORISED/APPROVED**

Both certificates received

DVC-Administration, Planning & Development

.....

Signature

Date

