



Clearance Checklist Form

| | | | |
|--|-----------------|--|---|
| Name: | | Department/SBU: | Emp Num: |
| Email Address: | | <input type="checkbox"/> Forwarded To: | <input type="checkbox"/> Lock <input type="checkbox"/> Delete |
| Remove access to: | Username | Effectivity Date | Date Done (ICT) |
| <input type="checkbox"/> Acumatica | | | |
| <input type="checkbox"/> ACCPAC | | | |
| <input type="checkbox"/> Zimbra (Other domains) | | | |
| <input type="checkbox"/> Intranet | | | |
| <input type="checkbox"/> BOSe | | | |
| <input type="checkbox"/> Biometrics (Specify SBUs) | | | |
| <input type="checkbox"/> Maestro | | | |
| <input type="checkbox"/> BPI Express Link | | | |
| <input type="checkbox"/> Others: Please specify | | | |
| Accountable to any company owned devices | | | |
| <input type="checkbox"/> USB | Endorsed To: | Date: | |
| <input type="checkbox"/> Laptop | Endorsed To: | Date: | |
| <input type="checkbox"/> Cellphone | Endorsed To: | Date: | |
| <input type="checkbox"/> Hard Drives | Endorsed To: | Date: | |
| <input type="checkbox"/> Others: Please specify | | | |

Employee Copy

Prepared By:

Noted By:

Signature over printed name

Signature over printed name

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ICT Copy

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