

Clearance Checklist Form

Name:	Departme	nt/SBU:	Emp	Num:	
Email Address:	☐ Forwarded To:			Lock Delete	
Remove access to:	Username	Effecti	vity Date	Date Done (ICT)	
☐ Acumatica			,	, ,	
☐ ACCPAC					
☐ Zimbra (Other domains)					
☐ Intranet					
☐ BOSe					
☐ Biometrics (Specify SBUs)					Е
☐ Maestro					T mp
☐ BPI Express Link					loy
☐ Others: Please specify					Employee Copy
					Cop
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Accountable to any company own	ned devices			•	
□ USB	Endorsed To:		Date:		
☐ Laptop	Endorsed To:		Date:		
☐ Cellphone	Endorsed To:		Date:		
☐ Hard Drives	Endorsed To:		Date:		
☐ Others: Please specify					7
Signature over printe	ed name		Signature	e over printed name	
Name:	Denartmo	nt/SRII	Emn	Num:	
Name: Fmail Address:	Departme	nt/SBU:		Num:]
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Email Address: Remove access to: Acumatica ACCPAC	☐ Forwarded To:			Lock 🔲 Delete	
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Signature over printed name

Signature over printed name