

# **FACULTY OF NUSING AND PUBLIC HEALTH**

## **NO DUE CLEARANC FORM FOR STAFF**

**Name .....**                      **CID .....**

**Designation .....**                      **EID.....**

**Reason for submission of this form .....**

<b>SI #</b>	<b>Department</b>	<b>Name</b>	<b>Signature</b>
1	Dy. Dean, NM		
2	Dy. Dean, PH&AHS		
3	Dy. Dean, SA		
4	Concerned Program Leader		
5	Finance Section		
6	Procurement Section		
7	ICT Section		
8	Audiovisual (In-Charge)		
9	Laboratory (In-Charge)		
10	Library Section		
11	Administration Section		

A staff member should attach a copy of the handover/takeover document with concerned officials when submitting the form to the administrative section.

**Final Approval by Dean**

**Date:**