GHANA HIGHWAY AUTHORITY

EMPLOYEE CLEARANCE

Name_____Division/Region/RoadArea_____

Grade_____Reason for leaving (Retirement, Resignation, Dismissal, other issues)

Please clear the items listed with the respective Heads. A completed clearance has not been made until all Directors/Managers have signed. The sheet is to be returned to the ***Office of the Director of Human Resources.***

FINANCIAL CLEARANCE ***(Dir. of Finance or Regional Accountant to Sign)***		
I certify that there is no outstanding action in relation to (Please Tick): ☐ Salary Advance ☐ Loans ☐ Imprest ☐ Other (Please Specify)		
Name:	Signature	Date
VEHICLE(S) CLEARANCE ***(Dir. of Plant & Equipment /Reg. Highway Dir.to Sign)***		
I certify that:- ☐ Vehicle(s) have been returned ☐ All Tools and Equipment have been returned or accounted for Other (Please Specify)		
Name:	Signature	Date
BUNGALOW CLEARANCE ***(Dir. In Charge of Estates /Rep. to Sign)***		
I certify that:- ☐ Bungalow has been vacated and keys handed over ☐ Utility Bills Settled Other (Please Specify)		
Name:	Signature	Date
ADMINISTRATIVE CLEARANCE ***(Divisional Dir./Regional Highway Dir. to Sign)***		
I certify that:- ☐ Handing Over Notes have been prepared ☐ Identity Card has been submitted ☐ Computer, Laptops and accessories have been returned ☐ Offical Documents have been returned ☐ Computer Login and Passwords are cancelled		
Name:	Signature	Date
HIGHWAY MUTUAL SAVINGS ASSOCIATION*(Fund Manager to Sign)*		
I certify that:- ☐ All Loans have been settled ☐ Officer has not guranteed a loan for another Officer ☐ Other (Please Specify)		
Name**:**	Signature	Date
Staff certification (Departing staff to sign) I hereby certify that I do not have unauthorised data and any other property of the Authority in my possession and that I have completed all the necessary actions required prior to my departure.		
Signature	Date	
HANDOVER COMPLETED ***(Regional Dir./ Dir. of Human Resources to Sign)***		
I certify that:- ☐ The Check Out Form has been completed ☐ A verbal handover has been conducted with Supervisor/Officer taking over		
Name:	Signature	Date

HIGHWAY MUTUAL SAVINGS ASSOCIATION LBG

REFUND APPLICATION FORM

THIS FORM SHOULD ONLY BE COMPLETED AFTER THE APPLICANTS NAME HAS BEEN DELETED FROM THE PAYROLL

NAME OF APPLICANT.....

H.M.S.A. NO.....

STAFF NO.....**TEL. NO**.....

REGION.....

DESIGNATION.....

APPLICANT'S SIGNATURE.....

***RETIREMENT/DEATH/RESIGNATION/TERMINATION DATE**.....

APPLICANT'S INDEBTEDNESS TO GHA: E.G. (SALARY ADVANCE, RENT ADVANCE, ETC)

.....

HMSA COORDINATOR RECOMMENDATION.....

DATE OF DELETION OF NAME FROM THE PAYROLL (AND UNEARNED SALARY IF ANY)

.....

DOES APPLICANT OCCUPY GHA ACCOMMODATION? **YES** ☐ **NO** ☐

HOW MUCH RENT DOES THE APPLICANT OWE GHA (IF ANY) GH¢.....

DATE OF VACATION OF BUNGALOW.....

REGIONAL ACCOUNTANT'S RECOMMENDATION.....

REGIONAL/DIVISIONAL DIRECTOR'S RECOMMENDATION.....

DIRECTOR OF FINANCE RECOMMENDATION.....

OFFICIAL USE ONLY

DATE OF PAYMENT.....

TOTAL CONTRIBUTION GH¢.....

PROCESSED BY.....

APPROVED BY.....

NB: REGIONAL DIRECTOR'S STAMP IS REQUIRED ON ALL APPLICATIONS
****APPLICANTS SHOULD UNDERLINE APPLICABLE ONE***