

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

HIGH DESERT HEALTH CENTER GROUP

EMPLOYEE PROPERTY AND ACCESS CLEARANCE SHEET

EMPLOYEE'S NAME	EMPLOYEE NO.	UNIT/SECTION
-----------------	--------------	--------------

The above named employee has been released from Department accountability by proper authority as signed below:

EMPLOYEE MUST CLEAR WITH EACH SECTION

RELEASOR/PROPERTY	SIGNATURE	DATE
BUILDING CRAFTS OFFICE - Key(s), ID Badge Deactivation		
IMMEDIATE SUPERVISOR - Uniform, Equipment		
MEDICAL ADMINISTRATION -Controlled Substances Prescription Pads (Physicians & Nurse Practitioners Only)		
MEDICAL RECORDS - Medical Responsibilities (PHYSICIANS ONLY)		
COMMUNICATIONS – Calling Card, Pager, Cellular Phone, Headset		
SAFETY DEPARTMENT - Safety Equipment		
SHERIFF'S DEPARTMENT – Parking Permit		
EMPLOYEE HEALTH SERVICES - Asbestos Testing (if applicable) See Employee Health Services two weeks prior to your last day.	Employee may choose to waive by signing here.	
INFORMATION SYSTEMS MGMT - Information Systems Security		
OFFICE OF HUMAN RESOURCES - Voluntary Termination Form, Identification Badge, Pension Savings Acknowledgment Form		

I certify that all property and/or accounts incurred or contracted by me in connection with my employment at High Desert Health Center Group has been fully satisfied or settlement has been arranged.

Permanent Address

_____ Street _____ City _____ State _____ Zip Code

Phone () _____ Email Address _____

_____ **Please Mail Final Warrant**
 _____ **Will Pick up Final Warrant**

Signature Date