

**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HIGH DESERT HEALTH CENTER GROUP  
NON-COUNTY WORKFORCE MEMBER  
PROPERTY AND ACCESS CLEARANCE SHEET**

Name:	Dept./ Unit Name:
Title:	Assignment End Date:
C-Number:	

The above named individual has been released from Department accountability by proper authority as signed below:  
**INDIVIDUAL MUST CLEAR WITH EACH SECTION**

Check Here if Workforce Member is Transitioning to County Position <input type="checkbox"/>		
RELEASOR/ PROPERTY	SIGNATURE	DATE
<b>IMMEDIATE SUPERVISOR</b> -Equipment/any other County property		
<b>Building Crafts Office</b> -Key(s), ID Badge Deactivation		
<b>COMMUNICATIONS</b> -Compass Card, Pager		
<b>INFORMATION SYSTEMS MGMT</b> Information Systems Computer Security		
<b>Employee Health Services</b> Skin Test (2 Days prior to last day) If applicable <b>RADIOLOGY OFFICE</b> -X-RAY	Individual may choose to waive by signing here.	
<b>OFFICE OF HUMAN RESOURCES</b> -ID Badge		

**Important Note: ID badge must be returned to the Office of Human Resources**

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

**Address:**

Street	City	State	Zip Code
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Phone Number: (     ) \_\_\_\_\_

Signature-Non-County Workforce	Date
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This section for use by Human Resources staff only		
EHS updated by:		Date entered:
Assignment End Date:		