

Trainees Clearance Form

Date : _____

Student Name : _____

Major : _____ Starting Date of the Training _____

Company / Organization _____ Location: _____

The Following office clerks of each department or office shall make sure and sign, If _____ has already returned everything that belongs to each department or office.

No.	Department /Office	Office Clerk	Director / Chairman
1		Signature: _____ Date: _____	Signature: _____
2		Signature: _____ Date: _____	Signature: _____
3		Signature: _____ Date: _____	Signature: _____
4		Signature: _____ Date: _____	Signature: _____
5		Signature: _____ Date: _____	Signature: _____

Signature of _____		Date _____
Signature of _____		Date _____