

LINGNAN UNIVERSITY
Finance Office

Exit Clearance Form for Hostel Personnel

- Notes :
1. This form will be sent to all hostel personnel of the Student Hostels whose concurrent/honorary appointment with the University will be terminated.
 2. The hostel personnel should complete Part 1, and bring this form to the responsible officers of each unit listed in Part 2, obtain their signatures certifying that his/her obligations to those units have been discharged, and then return it to the Finance Office.
 3. The departing hostel personnel should complete this form well in advance of his/her last day of hostel service. His/her final honorarium payment will only be released after all his/her obligations have been discharged and duly certified by the relevant officers. Failure to return this form may result in delay of his/her final honorarium payment.
 4. Part 2 of this form should only be signed by the Heads of Unit or anyone delegated by the heads until after the hostel personnel's obligations to the Units/Student Hostels have been discharged.

Part 1 (to be completed by the departing hostel personnel)

To : Director of Finance

1. I, _____ (name), _____ (post) of Block _____ of Student Hostels, will terminate my service with the hostel with effect from _____. My last day of hostel service is _____.
2. I authorize the University to withhold an amount of not exceeding two months' of my honorarium to recover my personal expenses incurred in my residency.
3. If there is any payment to me after my last day of hostel service, please :
 - credit to my bank account already recorded with the University for receiving my honorarium
 - credit to the bank account at _____ (name of the bank)
_____ (account number).
 - send *bank draft/cheque to me at _____ (address).
4. **AUTHORIZATION AND PERSONAL INFORMATION COLLECTION STATEMENT**
 - a. The data provided in this form shall be released to banks, MPF administrator and relevant units within the University for the purpose of making final payments to departing staff members, such as honorarium, benefits, reimbursements and MPF contribution.
 - b. Unless required by law, the data collected will not be disclosed to any third parties other than those specified above without your consent.
 - c. If the data provided is incomplete or inaccurate, we may not be able to pay you.
 - d. This form will be destroyed after 7 years upon fulfilling the record retention requirement of the Inland Revenue Ordinance.
 - e. You have a right of access and correction in respect of the data contained in this form under the Personal Data (Privacy) Ordinance. Please raise such request(s) to the Data Protection Officer of the Finance Office at fodpo@LN.edu.hk.

5. Signature : _____ Date : _____

Please tick as appropriate.

* Delete where appropriate

Part 2

We, the undersigned, certify that the abovenamed hostel personnel has discharged all his/her obligations to the relevant units as specified below :

	Obligation to be discharged	Signature and Date (Please print your name and post)	Details of discrepancies and follow-up action taken (if any)
1.	Human Resources Office (applicable to non-Lingnan staff members) <input type="checkbox"/> staff I.D. card returned		
2.	Finance Office <input type="checkbox"/> Hostel Access Card returned <input type="checkbox"/> all keys returned <input type="checkbox"/> all outstanding utilities charges settled <input type="checkbox"/> personal use of facilities (not billed) paid - IDD/Fax - photocopy charges - UPS/ DHL charges <input type="checkbox"/> parking label(s) and access card returned <input type="checkbox"/> hostel check out procedure(s) completed <input type="checkbox"/> hostel undertaking form returned <input type="checkbox"/> personal University Club refreshment charges <input type="checkbox"/> others _____ _____		

Please tick as appropriate and put a cross if not applicable.

Part 3 (to be completed by the Finance Office)

To : Human Resources Office

We certify that there is no outstanding charge and clearance has been completed except for the following (if any):

Nature	Actions taken

Name and Signature : _____ Date : _____
(for Director of Finance)

c.c. the leaving hostel personnel