



EGERTON

UNIVERSITY

HUMAN CAPITAL & ADMINISTRATION DEPARTMENT
STAFF EXIT FORM

N.B This form should be completed in triplicate on the day of exit and distributed as follows:

- Original - Registrar (Human Capital & Administration)
- Duplicate - Retained by the Department
- Triplicate - To the member of staff concerned

PART I

Name _____ PR/NO _____

Designation _____

Salary on Exit _____

Department _____

Date of Appointment _____

Date of Birth _____

Date of Exit _____

PART II

Reason for Exit

PART III

Comment from HOD

Signature _____ Date _____

PART IV: For Official Use only

Action by Office of Registrar (Human Capital & Administration)

Action taken to be taken _____

Authorized by _____

(Name)

Signature _____

Date _____

PART III Comment from HOD

Signature _____ Date _____

PART IV: For Official Use only

Action by Office of Registrar (Human Capital & Administration)

Action taken to be taken _____

Authorized by _____

(Name)

_____ Signature _____

Date _____