

HUSTON-TILLOTSON UNIVERSITY

Adjunct Instructor

CLEARANCE FORM

Employee Name: _____ CXID: _____

Supervisor: _____ Department: _____

Building: _____ Room _____

Date of Hire: _____ Date of Termination: _____

	CLEARANCE IN signature/date	CLEARANCE OUT signature/date
Campus Safety <i>(I.D. Badge & Parking Form) CW 2nd Floor</i>		
I.T. <i>(email and CX access)</i> AL105 ext. 3168		
Registrar AL210 ext. 3082		
Unit Dean		
Department Chair		
Human Resources Director VIAL 101		

Please have this form signed by the director, or their representative, of each office listed above and return to the Human Resource Office.