Clearance Form for Central Office (CESC) Staff

Office of the Chief Operating Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

MCPS Form 220-3
November 2016

Name _____ Position _____ Date ____/____/____

Employee ID# _____ Work Location _____ Personal home or cell # _____-_____-_____

Address _____

Return items and reconcile any outstanding bills as noted below. Have this form signed by your immediate supervisor and your associate superintendent (if applicable). Completed and signed form should be returned to the appropriate supervising office—**the Board of Education, the Office of the Superintendent of Schools, the Office of the Chief Operating Officer, the Office of the Chief Academic Officer, the Office of the Deputy Superintendent of School Support and Improvement (OSSI), the Office of the Chief of Staff, *OR* the Office of the General Counsel.**

ITEM	OFFICE	RECEIVED BY	DATE
Cell Phone	Telecommunications, 45 W. Gude Drive, Suite 3300		
Lap Top/Tablet and Peripheral Devices	Technology Systems Maintenance, Room 62		
Photo ID	Safety and Security, Room 131		
Keys	Immediate Supervisor		
Purchasing Card	Division of Procurement, 45 W. Gude Drive, Suite 3100		
Fax Machine	Technology Systems Maintenance, Room 62		
Printer	Technology Systems Maintenance, Room 62		
Financial Disclosure Statement	Division of Controller, 45 W. Gude Drive, Suite 3200		
Other			
Other			

_____ ____/____/____ _____ ____/____/____
Signature, Immediate Supervisor *Date* *Signature, Associate Superintendent (if applicable)* *Date*