***FINAL CLEARANCE CHECKLIST FOR PAYMENT OF RESETTLEMENT ALLOWANCE***

Name of volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duty station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entry on duty date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roster number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End of assignment date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The UN Volunteer should obtain clearances and provide documentary evidence confirming that she/he has no outstanding obligations (financial or otherwise) with the parties listed below.

|  |  |  |
| --- | --- | --- |
| REQUIREMENTS | EVIDENCE PROVIDED | REMARKS |
| Host agency/department clearance |  |  |
| UNDP Finance/ Administration clearance |  |  |
| Equipment returned to UNDP/agency/project |  |  |
| Rental payment |  |  |
| Electricity payment |  |  |
| Telephone payment |  |  |
| Water payment |  |  |
| Bank clearance |  |  |
| Gas payment |  |  |
| **Covid19 (not mandatory field):** If Leave Monetization is requested by UN Volunteer, Host Agency confirms that the UN Volunteer was prevented to take Annual Leave due to Covid19-related restrictions or work arrangements.**Covid19 (not mandatory field):** Annual Leave validation and verification (provide Leave Card as supporting document and upload it to VMAM using `upload approved leave request’ task) |  |  |
| Final reporting in the VRA application (vra.unv.org) and performance appraisals completed  |  |  |
| Other clearances required by the UNDP CO |  |  |

I confirm that I have no outstanding financial or any other obligations in this country.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and name of UN Volunteer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and place

Contact-email/address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am fully satisfied/not satisfied with the above declaration; and therefore authorize full/partial (if partial, please indicate the percentage/amount) payment of the final entitlements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and name of UNDP Resident Representative or delegated official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and place