CIVILIAN EMPLOYEE CLEARANCE CHECKLIST

CLEARANCE IN ACCORDANCE WITH MCIEAST-MCB CAMLEJ ORDER 12715.1_, IS REQUIRED PRIOR TO SEPARATION FOR ANY REASON.

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice Employee Performance File System Records (June 19, 2006, 71 FR 35347). **AUTHORITY**: Sections 1104, 3321, 4305, and 5405 of title 5, U. S. Code, and Executive Order 12107. **PRINCIPLE**: Written recommendations for awards, removals, demotions, denials of within-grade increases, reassignments, training, pay increases, cash bonuses, or other performance-based actions, including supporting documentation. **PURPOSE**: These records are maintained to ensure that all appropriate records on an employee's performance are retained and are available: To agency officials having a need for the information; to employees; to support actions based on the records; for use by the Office in connection with its personnel management evaluation role in the executive branch; and to identify individuals for personnel research. **ROUTINE USE**: Disclosure to public and private organizations, including news media, which grant or publicize employee awards or honors. **DISCLOSURE**: Mandatory for clearance of all debits to the government.

NAME _____ SSN _____ DEPT _____

NOTE TO SEPARATING EMPLOYEE: COMPLETE CLEARANCE REQUIREMENTS AS INDICATED. FAILURE TO PROPERLY CLEAR THROUGH THE BELOW LISTED OFFICES MAY RESULT IN A DELAY IN RECEIVING YOUR FINAL PAY.

SUPERVISOR: I CERTIFY THAT GOVERNMENT PROPERTY CHARGED TO THE ABOVE EMPLOYEE HAS BEEN TURNED IN, RECOVERED, OR SHORTAGE REPORTED.

DATE: _____ SIGNATURE: _____

PURCHASE CARD PROGRAM ☐ CARD TURNED IN DATE _____ AO INITIALS _____

TRAVEL CARD PROGRAM ☐ CARD TURNED IN DATE _____ AO INITIALS _____

DEFENSE TRAVEL SYSTEM ☐ DELETED ☐ DETACHED DATE _____ ODTA INITIALS _____

I. SECURITY OFFICE (CL-BLDG 1; IIMEF-BLDG H1; MCAS NR-BLDG AS2111; STONE BAY-BLDG RR440; CAMP JOHNSON-BLDG M130) _____ (SIGNATURE OF SECURITY OFFICIAL) _____ (DATE)

II. DEPT SAFETY OFFICER (ESAMS): _____ (SIGNATURE OF SAFETY OFFICIAL) _____ (DATE)

III. CHECK OUT (**LAST DAY OF WORK):** EMPLOYEE SHOULD ARRIVE AT THE CIVILIAN HUMAN RESOURCES OFFICE-EAST, BUILDING 33, BETWEEN 1430 AND 1500, WITH ALL ITEMS NOTED BELOW SIGNED OFF, TIME MAY VARY ACCORDING TO YOUR WORK SCHEDULE CHECK WITH YOUR SUPERVISOR FOR FURTHER GUIDANCE.

1. CIVILIAN PAYROLL (CL-BLDG 8; IIMEF-Bldg H1; MARSOC STONEBAY-RR400; MCAS NR-BLDG AS211)
   A. LAST WORK DAY: _____ B. EFFECTIVE SEPARATION DATE: _____
2. ID CARD CENTER (CL-BLDG 59; MCAS NR-BLDG AS187; STONE BAY-BLDG RR4; COURTHOUSE BAY-BLDG BB12)
   A. TURNED IN CIVILIAN ID CARD ☐ ID CENTER OFFICIAL'S SIGNATURE _____ DATE: _____
3. VEHICLE REGISTRATION UNIT (CL-BLDG 60; CL-BLDG 818; MCAS NR-BLDG AS187)
   ☐ A. TURNED IN AUTO DECAL PMO SIGNATURE & RANK _____
   ☐ B. **NO** AUTO DECAL WAS ISSUED TO ME AS A CIVILIAN EMPLOYEE. (MILITARY/RETIRED/DEPENDENT) (SIGNATURE, IF APPROPRIATE) _____
4. ALL NETWORK SERVICES Disable network access, GAL, return temp-loaned equipment (Desktops/laptops/air cards/CAC readers) (CL-Bldg 24; MCAS NR- BLDG AS212; STONE BAY-BLDG RR440) (SIGNATURE) _____
5. WIRELESS DEVICES (TURN IN TO DEPARTMENT CELL PHONE, BLACKBERRY, AIR CARD) (SIGNATURE) _____
6. STAFFING AND CLASSIFICATION ADVISORY SECTION (BUILDING 33) (SIGNATURE) _____

A. FEGLI CERT. & NOTICE OF CONVERSION PRIVILEGE (SF-2821 & 2819)	Provided by the HRSC-E via mail	E. HEALTH BENEFITS (SF-2810) TEMPORARY CONT OF COVERAGE	Provided by the HRSC-E via mail
B. RETIREMENT REFUND APPLICATION		F. OPERATOR'S PERMIT	
C. UNEMPLOYMENT COMP (SF-8)		G. TSP WITHDRAWAL FORMS	
D. NOTICE TO SEPARATED EMPLOYEES CONCERNING DISPOSITION OPF (SF-293)			

NATURE OF SEPARATION _____ TO EMPLOYMENT FOR FINAL ACTION (DATE) _____

FORWARDING ADDRESS _____

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