

Clearance of Personnel for Separation or Transfer

Please see instructions on the reverse of this form.

1. Employee Name	2. Organization	3. Building and Room	4. Release Date
5. Forwarding Address	6. Action		
	<input type="checkbox"/> Transferred to another NIH component	<input type="checkbox"/> Resigned	
	<input type="checkbox"/> Transferred to another Government agency	<input type="checkbox"/> Retired	
	<input type="checkbox"/> Termination of Appointment		

Items to be Cleared	Check Point <i>(title or name; building and room)</i>	Cleared	Not Cleared	N/A	Signature
7. Personnel or Commissioned Corps Office		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Timekeeper		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. DCRT library card		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Division of Safety -- Radiation safety badges		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radioactive materials and equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Administrative Office -- SF 52 or PHS 1662, "Request for Personnel Action"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH 433, "Request to NIH Directory"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH 2685, "Address Update and Release Form"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outstanding travel advances and vouchers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-service charge card (custodians only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Metro fare cards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Credit Cards: FTS 2000/AT&T, Travel, Procurement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procurement official's certification of continuing obligation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Automated information systems -- computer access to networks, DCRT, IMPACT, ADB, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FACS cards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Supervisor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Division of Security Operations -- Building cardkeys		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking hangers and photo ID cards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Government driver's license		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Key(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TRANSHARE Commuter Card		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. <i>I certify that I have no NIH property, records, or correspondence and I do not have any unresolved indebtedness with the Department.</i> Employee's Signature _____ Date _____	15. <i>I certify that I have reviewed this form and that all required clearances have been obtained.</i> Supervisor's Signature _____ Date _____
16. Program Administrative Officer's Signature _____ Date _____	17. Section/Branch Chief's Signature _____ Date _____

Instructions to Separating or Transferring Employee

- Use this form to obtain proper clearance from your position. The entire form must be completed *before* separating/transferring.
- All areas indicated as checkpoints must be cleared and signed by each respective organization. Your Administrative Officer (AO) or immediate supervisor will mark the appropriate checkpoints.
- You must have the items cleared in the order they appear on the form.
- Failure to complete this form could result in the delay of lump-sum payments, etc.

Specific Instructions

Items 1-6, Employee Information.

Your Program AO or your immediate supervisor completes this section before you receive this form. *Please review these items for accuracy.*

Item 7, Personnel Office.

Contact your personnel assistant (PA) shown in Item 7 to schedule a meeting, allowing time for retrieval of your Official Personnel Folder. Your PA will provide information and answer questions in the following areas: (a) retirement, Thrift Savings Plan (TSP) and reemployment conditions (lump sum payout); (b) tenure and employee records; (c) probationary periods; (d) payroll (annual leave payout); (e) leave questions (sick leave regulations); and (f) continuation of health and life insurance programs. If you are leaving the government, you will be given TSP information, health benefits conversion/continuation information, and retirement balance and withdrawal options.

Item 8, Timekeeper.

Your timekeeper will record your separation/transfer date and ensure that the last timecard is properly completed and submitted. Make sure your timekeeper has your forwarding address in order to mail your last earnings and leave statement.

Item 9, DCRT Library.

If you have a DCRT Library card or books, you must return them.

Item 10, Division of Safety.

You must report to the Division of Safety to turn in the applicable items.

Item 11, Administrative Office.

You must see your Program AO in order to clear each marked item.

Item 12, Immediate Supervisor.

Your supervisor is responsible for clearing the personal property for which you are accountable and for assigned uniforms and accessories. This should be done on your *last* day of official duty. Upon completion of the property inventory, your supervisor will attach an accountable user report to this clearance form.

Item 13, Division of Security Operations.

You must report to the Division of Security Operations to turn in the applicable items.

Items 14-17, Final Approval.

Once you have cleared all the items that are indicated, and before you leave on your last day of official duty, you must obtain the final approval signatures (Items 14-16) at the bottom of the form. Please read Item 14, sign and date it, and then take this form to your immediate supervisor for final signature. Next, hand-carry the form to your Program AO so he/she can assure everything was properly completed. After your AO has reviewed the form, he/she will sign and date it, and give you a copy. Leave the original form with the AO who will obtain the Section/Branch Chief's signature.