

Civilian Personnel Out-processing Checklist - Final Clearance Form

Privacy Act of 1974 Applies

Purpose: To ensure civilian employees properly out-process from duty stations

Routine Uses: None

Disclosure: Voluntary. Failure to provide the information may result in liability for government property improperly handled.

Type or Print Clearly

NAME:	ORGANIZATION:	LAST DUTY DAY:
FORWARDING ADDRESS:	CURRENT SUPERVISOR'S NAME/PHONE NUMBER:	
REASON FOR LEAVING: <input type="checkbox"/> Resignation <input type="checkbox"/> Retirement <input type="checkbox"/> LWOP <input type="checkbox"/> Transfer <input type="checkbox"/> Other	TRANSFERRING TO: <i>(Agency Name, Address, & HR POC)</i>	

Section I - All Employees

Location	Item	Clearing Authority	Signature and Date
1. Work Site	<input type="checkbox"/> Desk/door keys <input type="checkbox"/> Voice Mail <input type="checkbox"/> Timekeeper <input type="checkbox"/> IMPAC card <input type="checkbox"/> Supply/Property Turn-In <input type="checkbox"/> Close E-mail Account	Immediate Supervisor	
2. Work Site	<input type="checkbox"/> Controlled Area Badge <input type="checkbox"/> Security Termination Statement	Unit Security Manager	
3. Work Site	For ADPE Custodians only Conduct physical inventory and transfer account to new custodian	Equipment Control Officer	
4. Work Site	Supervisor verify if PCS costs, relocation incentive, or recruitment incentive were incurred within past 12 months.	Immediate Supervisor	
5. Work Site	First-level supervisor must provide employee performance File (EPF) to AFDW/A1CE, 1500 W. Perimeter Road, Suite 5300, Joint Base Andrews, MD 20762. The EPF contains AF Forms 860A or other performance appraisals and any performance feedback (up to four years).	Employee Relations Specialist: (240) 612-6608 HR Specialist must verify receipt of EPF and/or send email to supervisor requesting it prior to signature.	
6. AFDW/A1CE Bldg 1500 Ste 5300	Ensure signed SF-52/RPA for resignation or application for retirement has been submitted to AFPC/BEST.	Employee Relations Specialist: (240) 612-6608	
7. AFDW/A1K Bldg 1500 Ste 5300	If TDY/training funds for training were used within past 12 months and separating from Federal service, verify employee has/has not completed continued service agreement.	Training Specialist: (240) 612-6585	
8. Transit Subsidy - Online	Must WITHDRAW from program at the website to the right prior to departure. Visit website and print withdrawal confirmation to attach to this sheet.	Transit Office (571) 256-0962 http://www.whs.mil/dfd/info/ncrtransitsubsidy.cfm	
9. Pentagon Parking Management Branch: 2D1039	Return of individual parking pass. If not applicable, supervisor must verify and sign.	Immediate Supervisor (703) 697-6251	
10. Civilian Payroll Office	Pentagon: 5C1049 Bolling: 20 MacDill Suite 240 Andrews: Trailer 105 Colorado Ave	Pentagon: (703) 697-2678 Bolling: (202) 767-8702 Andrews: (301) 981-5060	
11. Pass & ID Call ahead to ensure hours of operation	<input type="checkbox"/> Civilian ID Card <input type="checkbox"/> Pentagon badge <input type="checkbox"/> Vehicle Registration	Pentagon: (703) 697-4110 Andrews: (301) 981-1776 Bolling: (202) 767-3281 or (202) 435-5165	

Return this form to AFDW/A1C, 1500 W. Perimeter Road, Suite 5300, JB Andrews, MD 20762; phone (240) 612-6608;
fax (240) 612-2193.

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SECTION II - Must Be Completed (if applicable)

1. 79th Medical Group Employees:

_____ Resource Management	_____ Outpatient Records
_____ Facilities Management	_____ Personnel Services (MG Badge)
_____ Linen Control	_____ Medical Library

2. 11th Civil Engineer Squadron Employees:

_____ 11 CES/CE, Bldg 3465	_____ 11 CES/CEOHC, Bldg 3465
_____ 11 CES/CERW, Bldg 3465	_____ Employees of various shops Unit Supply

3. PROCUREMENT EMPLOYEES: Procurement Integrity Certification for Employees Leaving the Government

() NOT APPLICABLE (I am not leaving the Government or I have not served as a procurement official on any action).

() I have served as a procurement official pursuant to Public Law 100-679, Section 2, Subsection (d), and understand my continuing obligation not to disclose proprietary or source selection information. I have completed certificates for each procurement for which I was involved, i.e., those still ongoing and have forwarded them to the cognizable contracting officer in accordance with Federal Acquisition Regulation (FAR) 3.104-7(a).

() I acknowledge that I may not participate in any manner, as an officer, employee, agent, or representative of any competing contractor, in any negotiations leading to the award, modification, or extension of a contract for such procurements, or participate personally or substantially on behalf of competing contractors in the performance of such contracts during the period specified by law.

SECTION III - Medical Clearances (if applicable)

1. Have you routinely worked in a hazardous noise area? (If yes, you must report to the Physical Exams/Occupational Medicine Clinic, Bldg 1075, Room X05, Ext 2-7255, 1300 hours Monday or Wednesday, for an audiometric examination.)

OCCUPATIONAL MEDICINE CLINIC: Audiometric examination completed by:

MDG Representative Signature

Date

2. Have you routinely worked in an area requiring a special purpose examination? (If yes, you must contact the 79th Medical Group, Flight Medicine Clinic, appointment desk, Bldg 1075, Ext 2-5282 to schedule an appointment for a termination physical).

MDG Representative Signature

Date

3. Pick up employee medical file (EMF) from Outpatient Records, 779th Medical Group, Malcolm Grow Medical Center, 1050 W. Perimeter Road, Ste. E1-24, Andrews AFB, MD 20762; (240) 857-5911, or DSN 857-5911; Fax: (240) 857-0780.

MDG Representative Signature

Date

SECTION IV - Election of Benefits & Required Forms

A. Are you separating or transferring to an agency other than Air Force and have a Time-Off Award (TOA) on record? If YES, make arrangements with your supervisor to use it before you leave. TOA's only transfer within Air Force.

B. Are you considering converting your life insurance to a private company? If YES, you should contact BEST at 1-800-525-0102 and request an SF 2821, Agency Certification of Insurance Status, before your separation date.

C. Are you interested in Temporary Continuation of Coverage (TCC) under the Federal Employee Health Benefits (FEHB) Program? If YES, you should contact BEST at 1-800-525-0101 to obtain Form RI 79-27.

D. LWOP: Have you received, signed, and dated the "Benefits Summary For Employees on LWOP Handout"? If NO, contact your organizations liaison.

E. Before turning in your CAC, log on to AFPC Secure to establish a UserID and password in order to access your electronic Official Personnel Folder (eOPF). This is where you will find/view your separation SF-50. You will have 60 days from the date of separation to view/print your SF-50 or any documents. If you did NOT establish a UserID and password before separation, contact BEST at 1-800-525-0102, press 8, then 2, for assistance in accessing your eOPF.

F. I understand that any unearned advanced leave (i.e. any negative leave balances) or any other unpaid debts, will be repaid by a charge against my final pay (to include severance pay, separation incentive pay, lump sum annual leave payment if applicable), earned salary, unapplied savings bond balance, or offset against my retirement entitlement.

G. I certify that I am not in debt to the federal government and that all government property has been returned to the proper authorities. I further certify that I have accounted for all classified material charged to me, that I have returned it to the proper authorities and that I have completed AF Form 2587, Security Termination Statement.

H. I understand that I may terminate my union dues (SF 1188, Cancellation of Payroll Deductions for Labor Organizations) with the Labor Relations Officer located at 1500 W. Perimeter Road, Suite 5300, JB Andrews, MD 20762, (240) 612-6606.

I certify that I had discharged and adjusted all indebtedness to the Government.

Employee Signature

Date