

**CLEARANCE OF EMPLOYEES FOR SEPARATION OR TRANSFER**

**PART A - IDENTIFICATION INFORMATION**

1. EMPLOYEE NAME: | 2. SOCIAL SECURITY NUMBER: | 3. TIMEKEEPER NUMBER

4. ORGANIZATION AND WORK LOCATION: | 5. DATE OF SEPARATION/  
| TRANSFER

6. CHECK ONE:           SEPARATING FROM FEDERAL GOVERNMENT  
  
                                  TRANSFERRING TO ANOTHER HHS COMPONENT OR FEDERAL AGENCY (SPECIFY):

7. FORWARDING ADDRESS:

**8. PART B - CLEARANCES TO BE OBTAINED**  
N/A - NOT APPLICABLE

CLEARANCE FORMS	BLDG & ROOM #	CLEARED	NOT CLEARED	N/A	INITIALS	CLEARANCE ITEMS	BLDG & ROOM #	CLEARED	NOT CLEARED	N/A	INITIALS
8. SUPERVISOR/ ADMINISTRATIVE OFFICER:						10. PERSONNEL					
a. ADP Security						a. Debt Collection					
b. Advanced Leave						b. Employment Agreement					
c. Building Pass						c. Required Notices/Forms					
d. ID Cards						d. Security Clearance					
e. Keys						e. Training in Outside Institutions					
f. Motor Vehicle Operator ID Card						11. CUSTODIAL OFFICER - HHS-Owned Equipment					
g. Official Files/Records						12. LIBRARY					
9. FINANCE						13. PARKING PERMIT					
a. Accountable Forms						14. OTHER					
b. Credit Cards						a.					
c. Employee Emergency Payments						b.					
d. Jury Fees						c.					
e. Relocation Allowances						d.					
f. Travel Advance						e.					

15. I CERTIFY THAT I HAVE NO HHS PROPERTY, RECORDS, OR CORRESPONDENCE AND I DO NOT HAVE ANY UNRESOLVED INDEBTEDNESS WITH THE DEPARTMENT.

16. I CERTIFY THAT I HAVE REVIEWED THIS FORM AND THAT ALL REQUIRED CLEARANCES HAVE BEEN OBTAINED.

SIGNATURE OF EMPLOYEE | DATE

SIGNATURE OF SUPERVISOR | DATE