

# 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"/> Reassign to other NIH component <input type="checkbox"/> Termination of Appointment <input type="checkbox"/> Reassign to other HHS component <input type="checkbox"/> Resigned <input type="checkbox"/> Transfer to other Govt Agency <input type="checkbox"/> Retired		

7. Items to be Completed/Cleared	Check if Applicable	Check Point <i>(title or name; building and room)</i>	Signature <i>(When completed/cleared)</i>
NIH 433, Request to Change NIH Directory Information	<input type="checkbox"/>		
NIH 829-5, Termination of Visiting Prgm Participation	<input type="checkbox"/>		
NIH 1767-1, CIT Account Authorization	<input type="checkbox"/>		
NIH 2144, Fellowship Termination Notification	<input type="checkbox"/>		
NIH 2604, Del of Acquisition Authority	<input type="checkbox"/>		
NIH 2604-1, Request for Ordering Official Authority	<input type="checkbox"/>		
PHS 31, Officers' Leave Record	<input type="checkbox"/>		
PHS 1373, Separation of Commissioned Officer	<input type="checkbox"/>		
PHS 6364, Employee Invention Report	<input type="checkbox"/>		
HHS 476, Record of Home Address	<input type="checkbox"/>		
SF 52, Request for Personnel Action	<input type="checkbox"/>		
Continuing Obligation Form (Procurement)	<input type="checkbox"/>		
Employee Performance Review/Rating	<input type="checkbox"/>		
Outstanding Travel Advance/Voucher	<input type="checkbox"/>		
Official Records	<input type="checkbox"/>		
NIH and NLM Library Material	<input type="checkbox"/>		
NIH Identification Card	<input type="checkbox"/>		
Office/Building Keys/Cardkeys	<input type="checkbox"/>		
Parking Hanger	<input type="checkbox"/>		
Transhare Commuter Cards/Fare Media	<input type="checkbox"/>		
Government Drivers License	<input type="checkbox"/>		
Domestic/International Phone Cards	<input type="checkbox"/>		
Travel Credit Card	<input type="checkbox"/>		
IMPAC Purchase Card	<input type="checkbox"/>		
NIH Self Service Charge Card	<input type="checkbox"/>		
Radiation Badge	<input type="checkbox"/>		
Radioactive Materials and Equipment	<input type="checkbox"/>		
Electronic Records/Files	<input type="checkbox"/>		
Metro Fare Cards	<input type="checkbox"/>		
Flexible Workplace Equipment/Phone Lines	<input type="checkbox"/>		
Cellular Telephones/Pagers	<input type="checkbox"/>		
Accountable Property (all Govt Property)	<input type="checkbox"/>		
Contract Project Officer Authority Rescinded	<input type="checkbox"/>		
Grant Program Coordinator Authority Rescinded	<input type="checkbox"/>		
Computer Systems Access (LANs, e-mail, databases)	<input type="checkbox"/>		
Security Clearance	<input type="checkbox"/>		
Resolution of Indebtedness	<input type="checkbox"/>		
Separation Consultation (IC Human Resources Office)	<input type="checkbox"/>		
Occupational Medical Service (OMS)	<input type="checkbox"/>		
Other/Notes:	<input type="checkbox"/>		

8. <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 _____	9. <i>I certify that I have reviewed this form and that all required clearances have been obtained.</i> Clearance Official's Signature (Immediate Supervisor) _____ Date _____
10. Administrative Officer's Signature _____ Date _____	11. Concurring Official (optional) _____ Date _____

## Instructions

- Employees must use this form to obtain proper clearance from their position. Appropriate sections must be completed *before* separating/transferring.
- The employee's Clearance Official (immediate supervisor), in consultation with the Administrative Officer (AO) will mark the appropriate checkpoints.
- All areas indicated as checkpoints must be cleared and signed by each respective organization.
- Failure to complete this form could result in the delay of the employee's final pay check and any lump-sum payments.

## Specific Instructions

### **Items 1–6, Employee Information:**

Upon notification that the employee is transferring/separating, the Clearance Official (immediate supervisor) notifies the AO who in turn initiates this form, completing items 1-6, and provides the form to the Clearance Official. The employee is responsible for reviewing these items for accuracy.

### **Item 7, Items to be Cleared:**

The Clearance Official coordinates with the AO to note which clearance points are applicable by checking them under "Check if Applicable." The Clearance Official should work with the AO to identify the name and location of appropriate checkpoints within the IC and NIH. All clearance points must be cleared prior to separation or transfer.

The employee is responsible for reviewing these items for accuracy, allowing sufficient time to obtain all required clearances, calling ahead to schedule an appointment at each checkpoint (if necessary), traveling to each checkpoint and acquiring the signature of the appropriate official at the checkpoint.

### **Items 8-11, Final Approval:**

Once the employee has cleared each designated checkpoint and prior to separation on the final day of official duty, the employee must sign and date the form and obtain the final approval signatures from the Clearance Official, AO, and any concurring signatures as required by the IC.

### **Records Retention:**

The IC AO is responsible for retaining the original of this form for one year or for one year after any indebtedness is recovered, whichever occurs later.