

**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: <input type="checkbox"/> SEPARATING FROM FEDERAL GOVERNMENT  <input type="checkbox"/> TRANSFERRING TO ANOTHER HHS COMPONENT OR FEDERAL AGENCY (SPECIFY):		7. FORWARDING ADDRESS:

**Part B - CLEARANCES TO BE OBTAINED**

CLEARANCE ITEMS	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 Allowance						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.
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SIGNATURE OF EMPLOYEE	DATE	SIGNATURE OF SUPERVISOR	DATE
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## GUIDELINES FOR COMPLETION FORM HHS-419

1. Detailed procedures and instructions for completing Form HHS-419 are contained in General Administrative Manual (GAM) Chapter 1-90 and Exhibit 1-90-B.
2. The employee's supervisor (assisted by the administrative officer) is responsible for obtaining appropriate clearances for employees separating or transferring from their units, and will initiate Form HHS-419 by filling in Part A, items 1-7, when informed about the pending separation or transfer of an employee. When physically possible, the Form HHS-419 will be hand-carried to those officials from whom clearance is necessary. For locations which are distant from the clearance offices, the supervisor may obtain telephone clearances when deemed appropriate. Telephone clearances must be annotated with the name of the official contacted, status of each item, and date of clearance.
3. The clearance officials who are responsible for the items listed in Part B, items 8-14, shall secure, when applicable, the return of issued items and forms, check and initial the clearance action they take. They will describe on a separate continuation sheet items for which clearance is not granted along with recommendations for immediate actions. (Continuation sheet(s) must be attached to form HHS-419).
4. If the employee is indebted to the Department, the supervisor shall take the following actions as applicable:
  - a. Arrange for settlement/resolution of the employee's indebtedness to the Department prior to separation or transfer.
  - b. If the employee is **separating** from the Department and has not repaid his/her indebtedness prior to separation, see GAM 1-90-30A.3a for required procedures.
  - c. If the employee is **transferring** within HHS or to another Federal Agency and has not resolved his/her indebtedness prior to transfer, see GAM 1-90-30A.3b and 3c for required procedures.
5. After all items in Part B have been cleared or resolved and the employee has signed and dated the certification block in item 15 (if the employee is unable or refuses to sign, the supervisor will note this in item 15) and the supervisor has signed and dated the certification block in item 16, a copy of the Form HHS-419 will be provided to the employee.
6. The completed Form HHS-419 and all continuation sheets shall be retained in the administrative officer's files for one year or for one year after any indebtedness is recovered, whichever is longer. An information copy will be forwarded to the Servicing Personnel Office.