

UNIT CLEARANCE RECORD

For use of this form, see AR 600-8-101; the proponent agency is DCS, G1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Section 301, Title 5, USC.
PRINCIPAL PURPOSE: To ensure Soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement.
ROUTINE USES: To close out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the Soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (DoD) and sponsored agencies.
DISCLOSURE: Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.

INSTRUCTIONS TO THE SOLDIER: This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. You are responsible for ensuring that this checklist is completed properly. If you are transitioning from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving only 55 percent of your final pay pending verification by DFAS of any outstanding debts. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed.

TO THE UNIT COMMANDER/BN S1: This Soldier is scheduled to PCS or transition from the Active Army. We need your assistance to ensure proper installation clearance and computation of the Soldier's final leave and pay entitlements. Identify all actions within the last 60 days before the Soldier's departure date and complete the items below. Failure to provide this information will cause the withholding of 45 percent of the Soldier's final pay at transition, pending DFAS final verification of outstanding transactions.

SECTION A - PERSONNEL DATA *(To be completed by the commander, BNS1, out-processing center, or appointed official)*

1. NAME <i>(Last, First, Middle)</i>	2. RANK	3. ORDERS NO.
4. GAINING UNIT	5. LOSING UNIT	6. DATE OF ORDERS <i>(YYYYMMDD)</i>
7. REASON FOR CLEARING <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER <i>(Specify)</i> _____		8. DEPARTURE DATE <i>(YYYYMMDD)</i>

SECTION B - DEBT VERIFICATIONS

9. DUTY STATUS <i>Indicate all leave, TDY, hospitalization, field duty, lost time, AWOL, and confinement within 60 days prior to issuance of the clearance forms.</i>	a. TYPE OF ABSENCE	b. LOG NUMBER OR ORDER NUMBER <i>(When Applicable)</i>	c. START DATE <i>(YYYYMMDD)</i>	d. RETURN DATE <i>(YYYYMMDD)</i>

SECTION C - ADVERSE ACTIONS

10. ADVERSE ACTIONS <i>All that have occurred within 60 days prior to issuance of clearance forms. Include UCMJ actions, courts martial, administrative reductions, and administrative discharges.</i>	a. TYPE OF ACTION	b. DATE OF SOURCE DOCUMENT <i>(YYYYMMDD)</i>	c. PUNISHMENT	d. EFFECTIVE DATE <i>(YYYYMMDD)</i>	e. COMPLETION DATE <i>(YYYYMMDD)</i>

SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS

11. PROPERTY ACCOUNTABILITY

11a. <input type="checkbox"/> STATEMENT OF CHARGES/ CASH COLLECTION VOUCHER <input type="checkbox"/> REPORT OF SURVEY	11b. DATE OF SOURCE DOCUMENT (YYYYMMDD) 11c. AMOUNT	11d. DISPOSITION
12a. PAY ITEMS (Check all that apply) <input type="checkbox"/> BAS <input type="checkbox"/> BAH <input type="checkbox"/> COLA <input type="checkbox"/> OHA <input type="checkbox"/> FSA <input type="checkbox"/> IDP <input type="checkbox"/> HPD <input type="checkbox"/> SDAP <input type="checkbox"/> OTHER (Specify)		12b. INCENTIVE PAY (Specify Type)
		12c. BONUS <input type="checkbox"/> ENLISTMENT <input type="checkbox"/> REENLISTMENT

SECTION E - BATTALION/UNIT CLEARANCE ITEMS. A check by an item confirms that the item has been verified and that necessary action has been taken.

13. BATTALION S1/UNIT COMMANDER VERIFYING OFFICIAL

a. NAME (Last, First, Middle)	b. SIGNATURE	c. DATE (YYYYMMDD)
<input type="checkbox"/> DA Form 31 (Request & Authority for Leave)	<input type="checkbox"/> DA Form 5305 (Family Care Plan)	<input type="checkbox"/> EMILPO Duty Position
<input type="checkbox"/> DD Form 714 (Meal Card Control Book)	<input type="checkbox"/> DD Form 2648/DD Form 2648-1	<input type="checkbox"/> DA Form 6 (Duty Roster)
<input type="checkbox"/> DA Form 2173 (Line of Duty Investigation)	<input type="checkbox"/> Exit Survey/DD Form 2958	<input type="checkbox"/> E-Profile
<input type="checkbox"/> Unit Items	<input type="checkbox"/> DA Form 268 (Flag)	<input type="checkbox"/> DA Form 647-1 (Personnel Register)
<input type="checkbox"/> DA Form 67-10/2166-8 (Evaluation Reports)	<input type="checkbox"/> DA Forms 5500/5501 (Body Composition Program)	<input type="checkbox"/> DA Form 3955 (Change of Address)
		<input type="checkbox"/> TRICARE Dental Program
		<input type="checkbox"/> Exceptional Family Member Program
		<input type="checkbox"/> ADPAAS Update
		<input type="checkbox"/> DD Form 93/SGLV Update
		<input type="checkbox"/> DoD Travel Charge Card

14. BATTALION S1/3/UNIT COMMANDER VERIFYING OFFICIAL

a. NAME (Last, First, Middle)	b. SIGNATURE	c. DATE (YYYYMMDD)
<input type="checkbox"/> Security Briefing/Debriefing	<input type="checkbox"/> APFT	<input type="checkbox"/> Security Clearance
<input type="checkbox"/> Weapons Qualification	<input type="checkbox"/> Training Records	<input type="checkbox"/> Antiterrorism Briefing
<input type="checkbox"/> Training Room	<input type="checkbox"/> PERSTEMPO Verification Sheet	

15. BATTALION S4/UNIT COMMANDER VERIFYING OFFICIAL

a. NAME (Last, First, Middle)	b. SIGNATURE	c. DATE (YYYYMMDD)
<input type="checkbox"/> Supply Room	<input type="checkbox"/> NBC Room	<input type="checkbox"/> Motor Pool
<input type="checkbox"/> Arms Room	<input type="checkbox"/> Protective Mask Inserts	

16. OTHER

a. OTHER CLEARANCES	b. NAME (Last, First, Middle)	c. SIGNATURE	d. DATE (YYYYMMDD)
<input type="checkbox"/> Career Counselor			
<input type="checkbox"/>			
<input type="checkbox"/>			

17. REMARKS

18. SOLDIER'S AUTHENTICATION

a. NAME (Last, First, Middle)	b. SIGNATURE	c. DATE (YYYYMMDD)
-------------------------------	--------------	--------------------

19. COMMANDER/1SG AUTHENTICATING OFFICIAL

a. NAME (Last, First, Middle)	b. SIGNATURE	c. DATE (YYYYMMDD)
-------------------------------	--------------	--------------------