

## NRCS SEPARATION CHECKLIST

Employee Name: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Duty Location: \_\_\_\_\_

Supervisor/POC Name and Phone: \_\_\_\_\_

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### INSTRUCTIONS

#### Employee or Contractor

- Take form to each office listed on this form, complete any required outprocessing at each location, and have the separation coordinator sign his or her space on the form.
- Return completed form to supervisor (employees) or supervisory contracting officer (contractors).

#### Separation Coordinator

- Mark all items that apply and sign off in your category to verify that the items have been accomplished and the separating employee has returned equipment, programs and accounts have been disabled, or that indebtedness has been addressed.

#### Supervisor or Supervisory Contracting Officer

- Send employee forms to human resources.
- Send nonemployee forms to information systems security point of contact.

**FAILURE TO COMPLETE THIS FORM PRIOR TO SEPARATION MAY DELAY FINAL SALARY PAYMENT.**

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#### ITS

**Access** (Active Directory, VPN, Local Admin, etc.)

See <https://my.nrcs.usda.gov/management.aspx> for ISSPOC

*IRM 3 completed and submitted to ISSPOC*

#### Hardware

\_\_\_ Workstation

\_\_\_ Special

\_\_\_ Laptop

\_\_\_ Hardware/Software

\_\_\_ Printer

\_\_\_ Documentation

Separation Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Departmental Computer Center Access

See - <https://my.nrcs.usda.gov/management.aspx> for DCCAC

*IRM 4 completed and submitted to DCCAC*

Separation Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Telework**

Telework Site Address: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> DSL/Network Service  | <input type="checkbox"/> Remote Phone Line | <input type="checkbox"/> Remote Fax           |
| <input type="checkbox"/> Special Software     | <input type="checkbox"/> Remote Fax Line   | <input type="checkbox"/> D/C Phone Forwarding |
| <input type="checkbox"/> Special Hardware     | <input type="checkbox"/> Remote Laptop     | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Government Furniture | <input type="checkbox"/> Remote Printer    |   |

All checked items completed:

Separation Coord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Telecom Staff**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Disable Phone          | <input type="checkbox"/> Blackberry/Accessories | <input type="checkbox"/> Calling Card                |
| <input type="checkbox"/> Disable Voice Mail     | <input type="checkbox"/> PDA/Accessories        | <input type="checkbox"/> Instant Meeting (Conf Call) |
| <input type="checkbox"/> Cell Phone/Accessories | <input type="checkbox"/> Broad Band Card        | <input type="checkbox"/> GETS Card                   |

All checked items completed:

Separation Coord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Financial Management Staff**

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="checkbox"/> GSAXcess | <input type="checkbox"/> Travel Card                | <input type="checkbox"/> Relocation Outstanding   |
| <input type="checkbox"/> CPAIS    | <input type="checkbox"/> Outstanding Travel Balance | <input type="checkbox"/> Last Timesheet Submitted |

All checked items completed:

Separation Coord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Human Resources Specialist**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Transit Benefits Return   | <input type="checkbox"/> Other Service Agreement   | <input type="checkbox"/> Performance File Closeout |
| <input type="checkbox"/> SLR Service Agreement     | <input type="checkbox"/> Other Indebtedness        | <input type="checkbox"/> SF-52 Initiated           |
| <input type="checkbox"/> Recruit Service Agreement | <input type="checkbox"/> Postemployment Restrict.  | <input type="checkbox"/> Leave Audit               |
|  | <input type="checkbox"/> National Security Debrief |  |

All checked items completed:

Separation Coord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acquisition Staff**

- |  |  |
|--|--|
| <input type="checkbox"/> Local Fleet Program Coordinator (LFPC)  | <input type="checkbox"/> Approving Official (AO) Purchase Card |
| <input type="checkbox"/> Purchase Card                           | <input type="checkbox"/> Procurement Systems Access            |
| <input type="checkbox"/> Local Agency Program Coordinator (LAPC) | (FBO/eSRS/FPDS/CPARS)  |
| <input type="checkbox"/> IAS (delete on AD-1143)                 |  |

All checked items completed:

Separation Coord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Facility**

Badge and HS-PD12 Card  
 Key (Room & Shelf/Drawer)

Parking Permit  
 Other

All checked items completed:

Separation Coord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Records Management**

All Agency Files Have Been Provided to Supervisor  
 Records Management Exit Interview  
 Certification and Nondisclosure Agreement

All checked items completed:

Separation Coord. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Security clearance exit interview signed:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Employee Exit Survey (Employees Only; Not Contractors, Partners, or Volunteers)**

Complete Web-Based Exit Survey (<https://www.surveymonkey.com/s/MCW6WKD>)

All checked items completed:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I certify that by signing this form I have completed all processes related to the activities listed above.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_