

EMPLOYEE SEPARATION CLEARANCE

INSTRUCTIONS:

1. The attached employee separation clearance form should be taken to the organizations listed. You should begin this process at least 2 weeks in advance of the date you intend to separate. This form must be returned to the Federal Human Resources Branch (FHRB) on your last workday after all signatures have been obtained. FHRB staff will complete the checkout process and submit the clearance form to the Headquarters payroll office to assure that your final salary check and lump sum annual leave payment may be issued. You cannot receive your final pay check until FHRB receives the completed separation clearance form from you and submits it to HQ Payroll.
2. Contact Amanda Hill in the Employee Health Station at (865) 241-2699 at least two weeks prior to your last day of employment if you desire an exit physical examination.
3. You should attempt to schedule your exit briefing with the security organization as close to your last workday as possible, since you will be relinquishing your badge at the time of your briefing.
4. If you are an ORO employee, send the following e-mail message within 2 weeks of your separation date:

To: IRMD@oro.doe.gov
dyerdg@oro.doe.gov

Text of Message:

This is to notify you that I plan to leave DOE employment on [*insert date*].

Please discontinue computer access and telephone voice messaging in my name.

The following tagged DOE computer equipment should be reassigned: [*insert a list of bar-coded items in your name, including printers, scanners, CPU's, monitors, laptops, PDA's, cameras, etc. with the associated DOE property bar code number*].

Add the following if applicable:

My access privileges to ORNL and/or BJC computing resources are no longer required.

5. Print a copy of the e-mail message described above, including your equipment list, and attach it to your Employee Separation Clearance form. This email must be submitted to Human Resources on your last day of employment.

The following individuals will assist you in completing their respective portions of the check-out process:

Section of Form	Assisting Employee(s)	Organization	Location
Part I	Yvonne Dias-Bowie, RN 241-2699	Federal Human Resources Branch (contractor support)	FOB Room 1207
Part II A.	Jeremy Bivins, 241-9658 Richard Riley (Alternate), 241-2059 You must bring: All travel documents and receipts for the last 120 days prior to separation must be submitted to ORFSC in order to receive clearance from ORFSC under this Part.	Oak Ridge Financial Service Center	FOB Room 2067-1 FOB Room 2051-4
Part II B.	Kathy Braden 576-0777	Oak Ridge Financial Service Center	FOB Room 2033-4 FOB Room 2057-3
Part IIC.	Judy Spillman (Government Purchase Credit Card) 576-0644	Procurement & Contracts	FOB Room 1011-3
Part III	Linda Reid or Peggy Gibson 576-1082	Training Center, Human Capital Assessment Group (contractor support)	FOB Room G-110
Part IV.A (for ORO employees only)	Cathy Fallon 576-0586 Scott McGill (Alternate) 576-1787	Information Resources Management Division	FOB Room B-03
Part IV.B. (for ORO employees only)	Emma Thompson 241-6887 Charlene Battison (Alternate) 576-0633 Richard Dotson (Alternate) 576-8031	Information Resources Management Division	FOB Room 2130-2
Part IV.C.	Lori Hamby 574-6191 Connie Hinton (Alternate) 576-1111	Information Resources Management Division (contractor support)	FOB Room 2124-3
Part V (for ORO employees only)	Debbie Ledbetter 241-6389 Patricia Childs (Alternate)	Office of Assistant Manager for Security and Emergency Management (contractor support)	FOB Room B-031
Part VI	Departing employee's supervisor (Branch level or above)	Departing employee's organization	Varies
Part VI.A. (ORNL PROX Cards)	Appointment Required Jan Webb (576-0934)	Office of Assistant Manager for Security and Emergency Management (contractor support)	FOB Room G-036
Part VI.B. (for ORO employees only)	Appointment Required Kim Dodson (576-0921) or Donna Daugherty (576-6042)	Office of Assistant Manager for Security and Emergency Management (contractor support)	FOB Room G-019
Part VII (for ORO employees only)	Appointment Required Mary Copeland (or designee) (576-1211)	Office of Chief Counsel, Contracts and General Law	FOB Room 3051-C
Part VIII	Cathy Clifton (576-0680) Alternate: Sherry Stotelmyer (576-0669)	Federal Human Resources Branch	FOB Room 1211-5 FOB Room 1221

**DEPARTMENT OF ENERGY
 EMPLOYEE SEPARATION CLEARANCE**

Name:	Organization:	Last Date of Employment:	Type of Separation: <input type="checkbox"/> Retirement <input type="checkbox"/> Resignation <input type="checkbox"/> LWOP <input type="checkbox"/> Transferring to: <input type="checkbox"/> Other:
Forwarding Address:			

PART I. EMPLOYEE HEALTH STATION

I want my medical records copied, mailed to me, and I have completed the necessary form for this transaction.
 I do not want my medical records copied and mailed to me.

Date: _____ Signature of Health Station Official: _____

PART II.A. ACCOUNTS PAYABLE - TRAVEL

Government Travel Credit Card Returned Not Issued
 Vouchers Cleared
 Advances Cleared
 Last 120 Days Travel Documents Obtained
 Relocation Service Agreement Satisfied Not Satisfied
 Indebtedness (specify): _____
 Employee's access as a STARS Approving Official, Program Official, or Specialist has been discontinued N/A

Date: _____ Signature of Accts. Payable Travel Official: _____

PART II.B. ACCOUNTS PAYABLE - PAYROLL

Clearance Granted
 Deductions made in final check for following items:
 Leave Indebtedness
 Service Agreement Satisfied Not Satisfied
 Indebtedness (specify): _____

Date: _____ Signature of Payroll Official: _____

PART IIC. ACCOUNTS PAYABLE - GOVERNMENT PURCHASE CARD

Government Purchase Credit Card Returned Not Issued

Date: _____ Signature of Accounts Payable Official: _____

PART III. ACTION OF HUMAN CAPITAL ASSESSMENT GROUP

Proper documentation for training complete.
 Proper documentation for training incomplete.*

Date: _____ Signature of Training Official: _____

* I understand that if proper documentation for training courses is incomplete, those training courses will not be recorded in my Official Personnel File.

Date: _____ Signature of Employee: _____

PART IV.A. ACTION OF INFORMATION RESOURCES MANAGEMENT DIVISION - FACILITY MANAGEMENT

<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Building Key	<input type="checkbox"/> Not Issued	
<input type="checkbox"/> Briefcase	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Property Pass	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Keyless Access Code <input type="checkbox"/> Not Issued
<input type="checkbox"/> Dictating/Transcriber	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Desk Lamps	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Safe Combinations <input type="checkbox"/> Not Issued
<input type="checkbox"/> Ergonomic Chair	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Heaters/Fan <input type="checkbox"/> Not Issued
<input type="checkbox"/> Recorder	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Dosimeter *	<input type="checkbox"/> Not Issued	*Return to Craig Booker, Room 2209-8, 241-0680

Date: _____ Signature of IRMD Official: _____

PART IV.B. INFORMATION RESOURCES MANAGEMENT DIVISION - INFORMATION TECHNOLOGY

- | | | |
|-------------------------------------------------------------|-------------------------------------------------|---------------------------------------|
| Laptop Computer | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| PDA | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| Flash Drive(s) | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| RSA SecurID Token | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| ADP Equipment on Loan | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| ADP Equipment used for Work At Home | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| E-mail notification requesting closure of Computer Accounts | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Received |
| Printed copy of transfer of any sensitive equipment | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Received |

Date: _____ Signature of IRMD Official: _____

I have reviewed all computer equipment and devices that I was assigned while employed by the Department of Energy. No equipment or device contains Personally Identifiable Information (PII). I certify that I have not collected or retained PII obtained from the Department of Energy at alternate locations for any purpose.

Date: _____ Signature of Employee: _____

PART IV.C. INFORMATION RESOURCES MANAGEMENT DIVISION (IRMD) - TELECOMMUNICATIONS

- | | | |
|---------------------|-------------------------------------------------|---------------------------------------|
| Cellular Phone: | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| Blackberry | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| Pager: | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| Radio: | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| E-mail notification | <input type="checkbox"/> Received from employee | <input type="checkbox"/> Not Received |

Date: _____ Signature of IRMD Official: _____

PART V. ACCOUNTABLE CLASSIFIED MATTER

- I certify all Accountable Classified Matter (e.g., documents, media, etc.), has been returned to the ORO Central Library.

Date: _____ Signature of Central Library Control Point Officer/Alternate: _____

PART VI. CERTIFICATION OF EMPLOYING OFFICE

I certify the employee is not in possession of any classified matter (documents, media, etc.); unclassified controlled information (UCI) Official Use Only, Unclassified Controlled Nuclear Information, Export Controlled Information, and Personally Identifiable Information), or any other federal records. All classified matter, UCI, and other federal records have been either transferred to another individual with need-to-know and appropriate DOE security clearance, retired, or destroyed in accordance with DOE security and records management requirements.

I also certify the employee identification current excess of \$100,000, as defined by the Procurement Integrity requirements of Public Law 100-679.

Date: _____ Signature of Supervisor: _____

PART VIA. PROX CARD RETURN - APPOINTMENT IS REQUIRED

- Employee has returned an ORNL PROX Card
 Email has been forwarded to ORNL Site Office as notification of the return of the separating employee's PROX card.
 Not Applicable

Date: _____ Signature of Security Official: _____

PART VIB. SECURITY DEBRIEFING - APPOINTMENT IS REQUIRED

- Security termination briefing conducted and Termination Statement (DOE F 5631.29) signed. Not required
 Other special briefings (cryptographic, NATO, FII, etc.) conducted and briefing forms signed. Not required
Specify Special Briefing: _____
 All security badges, passes, and/or identification cards returned.

Date: _____ Signature of Security Official: _____

PART VII. OFFICE OF CHIEF COUNSEL - APPOINTMENT IS REQUIRED

- OGE-278 Public Financial Disclosure Report (Termination Filing)(required for all employees terminating Federal employment who were required to file annual OGE 278 reports).
 Employee has been involved in DOE litigation and has submitted any records concerning such to the Office of Chief Counsel
 Employee has not been involved in any DOE litigation and does not have any records concerning such

Date: _____ Signature of Legal Official: _____

PART VIII. ACTION OF FEDERAL HUMAN RESOURCES BRANCH

- Verbal Exit Interview Conducted by Primary HR Contact
- Exit Survey Provided to Employee
- SF-8, Unemployment Compensation Notice Issued
- Retirement SF-2810, Health Benefits Issued
- SF-2821, Life Insurance Status Issued
- SF-2819, Conversion Privilege Issued
- Memo Issued Regarding, Restrictions Relating to Future Employment (upon retirement or buyout)
- Employee has provided copy of court order to FHRB if they are retiring and must provide medical coverage for children by court order
- Service Agreement(s) (specify purpose) _____ Satisfied Not Satisfied Not Applicable
- Email from Chief, FHRB, to Chief, Access Authorization Branch, requesting termination of clearance due to separation

Date: _____ Signature of Human Resources Official: _____

Date: _____ Signature of Employee: _____

Date: _____ Signature of Chief, Federal Human Resources Branch: _____