

OAK RIDGE OFFICE 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)	FB Room 1207
Part II A.	Claudia Simpson, 576-0690 Jamell Fulcher (Alternate), 574-3675 You must bring: Your government issued travel credit card.	Oak Ridge Financial Service Center	FB Room 2040-5 FB Room 2024-6
Part II B.	Kathy Braden 576-0777 Alternates: Carolyn Shell –576-0779 Joy Goodwin – 576-8088 Michael Easterly – 576-2403	Oak Ridge Financial Service Center	FB Room 2067-3 FB Room 2047-3 FB Room 2047-2 FB Room 2047-5
Part IIC.	Judy Spillman (Government Purchase Credit Card) 576-0644	Procurement & Contracts	FB Room 205-11
Part III	Linda Reid or Peggy Gibson 576-1082	Training Center, Training & Development Group (contractor support)	FB Room G-110
Part IV.A	Cathy Fallon 576-0586 Scott McGill (Alternate) 576-1787	Facilities, Information, and Reservation Management Division	FB Room B-03
Part IV.B.	Emma Thompson 241-6887 Charlene Battison (Alternate) 576-0633 Richard Dotson (Alternate) 576-8031	Facilities, Information, and Reservation Management Division	FB Room 3014-I FB Room 3014F
Part IV.C.	Lori Hamby 574-6191 Connie Hinton (Alternate) 576-1111 Mike Hunter, 576-1112	Facilities, Information, and Reservation Management Division (contractor support) Cell Phones & Pagers Radios (Call first)	FB Room 3014-A FB Room B2-2
Part V	Debbie Ledbetter 241-6389 (576-1040) Kim Dodson (Alternate) 576-1040 (576-0921)	Office of Assistant Manager for Safeguards, Security, and Emergency Management (contractor support) Central Library (Classified)	FB Room B-031 ** Moving to G-019
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)	FB Room G-036 **
Part VI.B.	Appointment Required Kim Dodson (576-1040) or Debbie Ledbetter (576-1040)	Office of Assistant Manager for Security and Emergency Management (contractor support)	FB Room G-019
Part VII	Appointment Required Mary Copeland (or designee) (576-1211)	Office of Chief Counsel, Contracts and General Law	FB Room 3051-C
Part VIII	Cathy Clifton (576-0680) Alternate: Sherry Stotelmyer (576-0669)	Federal Human Resources Branch	FB Room 1211-4 FB Room 1221

** Call first and make sure if moved or not.

**DEPARTMENT OF ENERGY – OAK RIDGE OFFICE
 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 TRAINING AND DEVELOPMENT 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 electronic-Official Personnel File. Depending on the nature of the course, I further understand that I may not receive reimbursement if I fail to provide proper documentation that I attained the requisite grade.

Date: _____ Signature of Employee: _____

PART IV.A. ACTION OF FIRMD - FACILITY MANAGEMENT BRANCH

<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Building Key	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Safe Combinations	<input type="checkbox"/> Not Issued
<input type="checkbox"/> Keyless Access Code	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Property Pass	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Dictating/Transcriber	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Heaters/Fan	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Ergonomic Chair	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Not Issued	<input type="checkbox"/> Other _____	
<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 – currently located at 1916-T2 pending relocation to Bldg. 2714			

Date: _____ Signature of FIRMD Official: _____

PART IV.B. FIRMD - INFORMATION TECHNOLOGY BRANCH

- | | | |
|---|---|---------------------------------------|
| Laptop Computer w/charging device(s) | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| I-Pad/Tablet w/charging device(s) | <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 FIRMD 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. FIRMD - TELECOMMUNICATIONS

- | | | |
|--|---|---|
| Cellular Phone w/charging device(s) | <input type="checkbox"/> Obtained from employee | <input type="checkbox"/> Not Issued |
| iPhone/Blackberry w/charging device(s) | <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 (See Mike Hunter, 576-1112, Room B2-2; please call ahead) |

Date: _____ Signature of FIRMD 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 is is not currently involved in the conduct of procurement expected to result in a contract or modification in 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 retiring and required to 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: _____