

INDIAN HEALTH SERVICE CLEARANCE CHECKLIST

Employee Name:	Last 4 Digits SSN:	Timekeeper Number:
Organization and Work Location:		
<input type="checkbox"/> Separating from Federal Government <input type="checkbox"/> Transferring to another IHS component or Federal Agency (specify): _____		Forwarding Address: Optional: Home Phone Number Optional: Home Email Address
Date of Separation or Transfer: _____		

Clearance Items	Received			Comments	Accountable Office for Final Disposition (Date and Initials)
<input type="checkbox"/> IT Access Control Removed (Network -Email)	Y	N	N/A	_____	_____
<input type="checkbox"/> Advanced Leave Resolved	Y	N	N/A	_____	_____
<input type="checkbox"/> PIV Card Returned	Y	N	N/A	_____	_____
<input type="checkbox"/> Data Watch Cards Returned	Y	N	N/A	_____	_____
<input type="checkbox"/> Keys Returned	Y	N	N/A	_____	_____
<input type="checkbox"/> Official Files/Record Returned	Y	N	N/A	_____	_____
<input type="checkbox"/> Government Purchase Card (PCard) Returned	Y	N	N/A	_____	_____
<input type="checkbox"/> Outstanding Travel Card Returned	Y	N	N/A	_____	_____
<input type="checkbox"/> Outstanding Travel Advance Resolved	Y	N	N/A	_____	_____
<input type="checkbox"/> Outstanding Travel Voucher Resolved	Y	N	N/A	_____	_____

Library Books/Card Returned	Y	N	N/A	
UFMS Access Removed	Y	N	N/A	
Government Hang Tag/Parking Sticker Returned	Y	N	N/A	
Government Phone Cards Returned	Y	N	NA	
Government Emergency Telecommunications Service (GETS) Card Returned	Y	N	N/A	
Government Cell Phone Returned	Y	N	N/A	
Palm Pilot, Blackberry (or other PDA) Returned	Y	N	N/A	
Laptop Computer Returned	Y	N	N/A	
Government Pager Returned	Y	N	N/A	
Other Government-Furnished Equipment Returned	Y	N	N/A	
Separation Date Entered into ITAS	Y	N	N/A	
Appropriate Action entered into Capital HR Resolved	Y	N	N/A	
Capital HR Request Approved	Y	N	N/A	

_____ Action Tracking System (ATS) Y N N/A _____
Removed

_____ E-WITS (if applicable) Y N N/A _____
Removed

- Under comments, list the Office that was sent the item or notified about clearing it. Accountable offices may differ.
- If the employee is not willing to sign the clearance sheet, not present or deceased, the supervisor should locate all equipment assigned to the employee and account for each piece on the clearance sheet. For any missing items take the appropriate action.

Distribution: Completed original to the DHR Director or the RHRO
1 copy to the employee
1 copy to the supervisor

Additional Comments:

I certify that I do not have IHS property or records in my possession and that I am not indebted to the IHS.		I certify that I have completed this form and that I have verified that all required clearances have been obtained.	
Signature of Employee	Date	Signature of Supervisor	Date