(08/2013) DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

**EMPLOYEE CLEARANCE CHECKLIST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE NAME: *(First, Middle, Last)* | | | | | | | | | | | LAST 4 DIGITS OF SSN: | TIMEKEEPER NUMBER: | | |
|  | | | | | | | | | | |  |  | | |
| NAME OF ORGANIZATION AND WORK LOCATION | | | | | | | | | FORWARDING ADDRESS | | | | | |
|  | | | | | | | | | Street or PO Box | | | | | |
|  | | | | | | | | |  | | | | | |
|  | | | | | | | | | City | | | State | | ZIP Code |
|  | | Separating from the Federal Government | | | | | | |  | | |  | |  |
|  | | Transferring to another IHS Component or Federal Government | | | | | | | HOME TELEPHONE *(optional)* | | | | | |
|  | | (Specify): |  | | | | |  |  | | | | | |
|  | | | | | | | | | HOME EMAIL ADDRESS *(optional)* | | | | | |
| DATE OF SEPARATION OR TRANSFER: | | | | |  | | | |  | | | | | |
| **ITEMS** | | | | **RECEIVED FROM EMPLOYEE**  **CHECK ONE**  (If yes, identify the accountable office\* in comments field. If no, please explain.) | | | | | | **COMMENTS** | | **\*ACCOUNTABLE OFFICE FOR FINAL DISPOSITION** | | |
|  | | | |  | | | | | |  | | *Initial* | *Date* | |
| 1 | IT Access Control Removed  (Network – Email – RPMS) | | | Yes | | No | N/A | | |  | |  |  | |
| 2 | Advanced Leave Resolved | | | Yes | | No | N/A | | |  | |  |  | |
| 3 | PIV Card Returned | | | Yes | | No | N/A | | |  | |  |  | |
| 4 | Non-PIV Facility Access Cards Returned | | | Yes | | No | N/A | | |  | |  |  | |
| 5 | Keys Returned | | | Yes | | No | N/A | | |  | |  |  | |
| 6 | Official Files and Records Returned | | | Yes | | No | N/A | | |  | |  |  | |
| 7 | Government Purchase Card (PCard) Returned | | | Yes | | No | N/A | | |  | |  |  | |
| 8 | Travel Card Returned | | | Yes | | No | N/A | | |  | |  |  | |
| 9 | Outstanding Travel Advance Resolved | | | Yes | | No | N/A | | |  | |  |  | |
| 10 | Outstanding Travel Voucher Resolved | | | Yes | | No | N/A | | |  | |  |  | |
| 11 | E-Gov Travel Service Access Removed | | | Yes | | No | N/A | | |  | |  |  | |
| 12 | Library Books/Card Returned | | | Yes | | No | N/A | | |  | |  |  | |
| 13 | UFMS Access Removed | | | Yes | | No | N/A | | |  | |  |  | |
| 14 | Government Hang Tag/Parking Sticker Returned | | | Yes | | No | N/A | | |  | |  |  | |
| 15 | Government Phone Cards Returned | | | Yes | | No | N/A | | |  | |  |  | |
| 16 | Government Emergency Telecommunications Service (GETS) Card Returned | | | Yes | | No | N/A | | |  | |  |  | |

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(08/2013) DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**EMPLOYEE CLEARANCE CHECK LIST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE NAME: *(First, Middle, Last)* | | | | | | | | | | | | | LAST 4 DIGITS OF SSN: | TIMEKEEPER NUMBER | | | | |
|  | | | | | | | | | | | | |  |  | | | | |
| **ITEMS** | | | | **RECEIVED FROM EMPLOYEE**  **CHECK ONE**  (If yes, identify the accountable office\* in comments field. If no, please explain.) | | | | | | | | **COMMENTS** | | **\*ACCOUNTABLE OFFICE FOR FINAL DISPOSITION** | | | | |
|  | | | |  | | | | | | | |  | | *Initial* | | *Date* | | |
| 17 | | | Government Cell Phone Returned | Yes | | No | | N/A | | | |  | |  | |  | | |
| 18 | | | Smart Phone, Palm Pilot, Blackberry, iPhone Returned | Yes | | No | | N/A | | | |  | |  | |  | | |
| 19 | | | Laptop Computer Returned | Yes | | No | | N/A | | | |  | |  | |  | | |
| 20 | | | Government Pager Returned | Yes | | No | | N/A | | | |  | |  | |  | | |
| 21 | | | Other Government Furnished Equipment Returned | Yes | | No | | N/A | | | |  | |  | |  | | |
| 22 | | | Separation Data Entered into ITAS | Yes | | No | | N/A | | | |  | |  | |  | | |
| 23 | | | Supervisor Initiated Capital HR Appropriate Action | Yes | | No | | N/A | | | |  | |  | |  | | |
| 24 | | | Capital HR Request Approved | Yes | | No | | N/A | | | |  | |  | |  | | |
| 25 | | | Action Tracking System (ATS) Access Removed | Yes | | No | | N/A | | | |  | |  | |  | | |
| 26 | | | E-WITS (if applicable) Removed | Yes | | No | | N/A | | | |  | |  | |  | | |
| 27 | | | PRISM Access Removed | Yes | | No | | N/A | | | |  | |  | |  | | |
|  | | * 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. | | | | | | | | | | | | | | |  | |
| 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** | |  |

Distribution: Completed original to the Director of Division of Human Resources (DHS) or the Regional Human Resource Office (RHRO)

1 copy to the employee

1 copy to the supervisor