

## **Indian Health Service Misconduct / Substandard Performance Policy Clearance Form**

**DATE:**

**TO:** Director, Division of Workforce Relations and Policy, Office of Human Resources, IHS

**FROM:** (IHS Area Office)

**SUBJECT:** Clearance Determination: Area Office Misconduct / Substandard Performance Policy

This is an official clearance request for the attached draft Misconduct / Substandard Performance Policy.

**Policy Title:**

**Area Office:**

**Purpose of Policy:**

**Background:**

**Area Point of Contact Name and Contact Information (Email & Phone):**

**OHR/DWRP Review:**

Draft Misconduct or Substandard Performance Policy complies with IHS and HHS

Misconduct / Substandard Performance Policies: Yes      No

If No, indicate concerns:

APPROVAL/DISAPPROVAL:

OHR Reviewing Official Name/Title: (print)

OHR Reviewing Official Signature:

Date: