

Indian Health Service Misconduct / Substandard Performance Training 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 Training

This is an official clearance determination on the attached draft Misconduct /
Substandard Performance Training

Training Event or Presentation Title:

Area Office:

Purpose of Training:

Background:

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

OHR/DWRP Review:

Draft Misconduct or Substandard Performance Training 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: