



CSOSA EMPLOYEE CLEARANCE FORM

Name (Last, First, MI) _____

A. OFFICE OF FINANCIAL MANAGEMENT (633 Indiana Avenue – Room 850)	DATE	SIGNATURE
1. Travel Vouchers	_____	_____
2. Metro Fare Media	_____	_____
3. Government Travel Card	_____	_____
4. Oracle Access	_____	_____
5. Outstanding Liabilities ___Yes ___No		
6. Request to OHR for Hold Payment Action ___Yes ___No		

B. OFFICE OF PROCUREMENT (633 Indiana Avenue – Room 880)	DATE	SIGNATURE
1. Government Purchase Card	_____	_____
2. Cell Phone (Chris Young/Sheryl Wallace) 633 Indiana (Rm 880/892)	_____	_____
3. Outstanding Liabilities ___Yes ___No		

C. OFFICE OF SECURITY (633 Indiana Avenue – Room 820)	DATE	SIGNATURE
1. CSOSA Credentials/Badge	_____	_____
2. Proxy Card	_____	_____

D. OFFICE OF FACILITIES (633 Indiana Avenue and 300 Indiana Avenue)	DATE	SIGNATURE
1. Parking Permits (633 Indiana, Rm 720)	_____	_____
2. CSOSA Vest and Jackets (300 Indiana, Rm 2077)	_____	_____
3. Outstanding Report of Survey Investigations ___ Yes ___No		

E. OFFICE OF INFORMATION TECHNOLOGY (633 Indiana Ave – Room 756)	DATE	SIGNATURE
1. Network and Application Access	_____	_____
2. IT Equipment, including (as applicable):		
• Laptop Computer w/AC Adapter & accessories	_____	_____
• Blackberry	_____	_____
• Wireless Card	_____	_____
• RSA Token	_____	_____
• Flash drives	_____	_____
• Other IT equipment	_____	_____

F. TRAINING & CAREER DEVELOPMENT (633 Indiana Avenue – 6 th Floor)	DATE	SIGNATURE
1. Obligated Service (Training, Relocation Expenses)	_____	_____

G. SUPERVISORY CLEARANCE	DATE	SIGNATURE
1. Files/Manuals/Reference Materials	_____	_____
2. Documents and Related Materials	_____	_____
3. Keys (Desk, Files, Office)	_____	_____

H. OFFICE OF HUMAN RESOURCES (655 15th Street, NW – Room 800)	DATE	SIGNATURE
1. Overdrawn Leave	_____	_____
2. Exit Interview	_____	_____
3. Hold Payment Action Initiated ___Yes ___No	_____	_____

Sections A through F must be completed before Supervisory and OHR sign off in Sections G & H, respectively.

I. EMPLOYEE’S STATEMENT OF EXCEPTIONS

J. AUTHORIZED OFFICIAL’S STATEMENT OF EXCEPTIONS

FORWARDING ADDRESS:

In compliance with the Privacy Act of 1974, the following information is provided: solicitation of this information is authorized by the Federal Property Administrative Service Act of 1949, as amended (63 Stat 377)1 Part III, Title 5, USC, and EO 11652. Purpose is to ensure that you have satisfied all obligations to the government prior to your transfer or separation from CSOSA. This information may be transferred to appropriate government agencies, when relevant to civil, criminal or regulatory investigations or prosecutions. Disclosure by you is mandatory. Failure to provide requested information will prevent the processing of your final check, lump-sum leave payment, retirement refund or retirement application.

Employee’s statement—I hereby make the following statements in connection with my separation from CSOSA: I am returning and have surrendered to the responsible CSOSA official, all government property, official documents and materials with which I was charged, for which I was accountable, or which I had in my possession. I (have) (**do not have**) an unsatisfied period of obligated service for either relocation allowances or non-government training received while employed by CSOSA.

I am aware that willful disclosure of confidential or restricted information to any unauthorized person or persons may be punishable by a fine or imprisonment under 2 U. S.C. subsection 437g(a)(12)(b) or other Federal statute. Therefore, I certify that I shall not communicate or transmit such information orally or in writing to any unauthorized person or agency. I further agree that my leave balance, as indicated below, is accurate.

As of _____date _____annual ____sick ____ (none) (Advanced Leave should be indicated by negative numerals).

Title 18, United States Code, Section 1001, makes it a criminal offense, punishable by a maximum of five year imprisonment, \$10,000 fine or both, to knowingly and willfully make a false statement or representation to any department or agency of the United States, as to any matter within the jurisdiction of any department or agency of the United States.

Employee signature:
Date:

Clearance is approved for all items in sections A through G, provided that all appropriate officials have cleared each item.

Associate Director for Human Resources:
Date:

Original—OHR
Copy— Employee
Copy— CSS Administrative Office (if applicable)