

## CLEARANCE OF EMPLOYEE FOR SEPARATION OR TRANSFER

1. Employee Name: (Last, First, MI)	2. Title/Series/Grade:	3. Employee ID:
4. Date of Separation: (mm/dd/yyyy)	5. Supervisor Name: (Last, First, MI)	
6. Program Area/Division/Branch:	7. Official Duty Location:	
8. Reason for Separation:	9. Forwarding Address:	
Other: (Specify): _____		

**Supervisor/Clearance Official (CO):** Upon receipt of separation notification, meet with the employee to initiate the clearance process using FSIS 2410-9. Within two days of notification, forward FSIS 2410-9 to: [sm.fsis.itassetrecovery@usda.gov](mailto:sm.fsis.itassetrecovery@usda.gov). If item does not apply to employee select 'N/A'. Select 'Completed' if the item applies to the employee and action has been taken (i.e., item returned). Prior to employee's last day, sign completed FSIS 2410-9 and obtain separating employee signature. Retain completed form in a temporary folder for one year.

**Supervisors/COs are to ensure all incentives are verified to ensure no repayment is required.**

Action Item	Completed	N/A	Date (mm/dd/yyyy)	Notes/Comments
1. Mobile/Smartphone: (Returned)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Laptop: (Returned)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Docking station, power cord, MiFi device, monitor, keyboard, USB speakers and cameras, mouse and other accountable property:	<input type="checkbox"/>	<input type="checkbox"/>		
4. Official Files and Records: (Paper and Electronic) (Returned or Accessible to Supervisor)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Network Accounts Closed: (Includes all systems that require PIV access: Concur, WebTA, FMML, PHIS)	<input type="checkbox"/>	<input type="checkbox"/>		
6. All Government/Building Access Key(s), and if applicable: (Plant keys, Desk/File Cabinet Keys) (Returned)	<input type="checkbox"/>	<input type="checkbox"/>		
7. FSIS Specialty Items: (Clothing and/or Inspection Devices or Material) (Returned)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Final Time and Attendance/WebTA: (Marked "FINAL" and Submitted)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Performance Appraisal: (Complete Form AD-435 Performance Plan and Appraisal in <a href="#">EPMA</a> )	<input type="checkbox"/>	<input type="checkbox"/>		
10. Personal Identity Verification (PIV) Card/LincPass/Inspection/Credential/Badge: (Returned)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Separation SF-52 Request for Personnel Action, Initiated by Program Area: (N/A if death or involuntary separation)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Form AD-112 Report of Un-serviceable, Lost, Stolen, Damaged or Destroyed Property: (Prepared and Properly Submitted)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Tran Serve Credit Card: (VRE/MTA) (Closed)	<input type="checkbox"/>	<input type="checkbox"/>		
14. GSA Leased Vehicle, Fleet Credit Card and Keys: (Returned) ( <a href="#">For the GSA vehicles, complete GSA Form 2552</a> )	<input type="checkbox"/>	<input type="checkbox"/>		
15. Purchase Credit Card: (Returned or System Access Terminated)	<input type="checkbox"/>	<input type="checkbox"/>		

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16. Parking Permits: (Returned)	<input type="checkbox"/>	<input type="checkbox"/>		
17. Security Debrief: (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>		
18. Travel Advance. Amount Owed: \$_____ (Contact OCFO to confirm all indebtedness is cleared or waived per <a href="#">FSIS Directive 3703.3</a> )	<input type="checkbox"/>	<input type="checkbox"/>		
19. Government Travel Charge Card Returned: Balance \$_____	<input type="checkbox"/>	<input type="checkbox"/>		
20. Government Issued Passport: (Returned if not transferring to another USDA agency. Contact: <a href="mailto:sm.fsis.foreign.travel@usda.gov">sm.fsis.foreign.travel@usda.gov</a> for assistance.)	<input type="checkbox"/>	<input type="checkbox"/>		
21. <a href="#">Exit Survey</a> : (E-mail Sent) (Optional)	<input type="checkbox"/>	<input type="checkbox"/>		
22. Exit Interview Conducted: (Optional)	<input type="checkbox"/>	<input type="checkbox"/>		

**Employee:** I understand that if I have outstanding obligations to the FSIS that have not been satisfied before my last day of employment, that my final paycheck and lump sum annual leave will not be released. I also understand that my retirement annuity may be garnished.

23. Print Name: (Last, First)

Signature of Employee:

24. Date: (mm/dd/yyyy)

**Supervisor/Clearance Official:** I certify that the employee has completed the final exit clearance process.

25. Print Name: (Last, First)

Signature of Supervisor:

26. Date: (mm/dd/yyyy)

27. Print Name: (Last, First)

Signature of Clearance Official:

28. Date: (mm/dd/yyyy)

**Administrative Officer or Resource Management Personnel:** I worked with the employee's Supervisor to identify personal and accountable property, employee debts, and other relevant clearance points listed under Action Items.

29. Print Name: (Last, First)

Signature of Administrative Official or Designee:

30. Date: (mm/dd/yyyy)