DEPARTMENT OF HEALTH AND HUMAN SERVICES

CLEARANCE OF EMPLOYEES FOR SEPARATION OR TRANSFER

PRIVACY ACT STATEMENT: In compliance with the Privacy Act of 1974, as amended, the following information is provided: Solicitation of this information is authorized by the Debt Collection Improvement Act of 1996, 31 U.S.C. § 7701; Federal Property and Administrative Services Act of 1949, as amended (63 Stat. 377); Part III, Title 5 USC; and Executive Order (E.O.) 13,526. Purpose is to ensure that you have satisfied all obligations to the Government prior to your transfer within or separation from HHS. This information may be disclosed to appropriate Government agencies when relevant for civil, criminal or regulatory investigations or prosecutions. Disclosure by you is mandatory. Social Security Numbers may be used for purposes of collecting and reporting on any delinquent amounts arising out of the individual's relationship with the Government. Failure to provide requested information will prevent processing of final check or retirement papers, or other appropriate actions."

This form is to be filed in the employing office. Blank spaces at bottom of checklist are for any additional items. **Employees in OGE Form 278 filing positions must submit their termination OGE Form 278 within 30 days of their last day of employment**

SECTION I. (To be completed by Immediate Supervisor or Administrative Officer (AO))

1. Initiate the form at least two (2) weeks prior to the employee's separation date.
2. Complete Section 1 of this form.
3. Advise the employee of his/her responsibility regarding the clearance process and give the form to the employee.
4. Upon the employee's receipt of all clearance signatures AND his/her completion of Section III, you must complete all sections of this form and submit to your Administrative Officer and Servicing HR Office.

NAME OF SEPARATING EMPLOYEE		
Last	First	Initial
HHS ID NUMBER (located on the back of the PIV Card)	HHS EMPLOYEE ID# (located in the EHRP/CapHR System)	

NAME OF ORGANIZATION/WORK LOCATION/BUILDING/ROOM	HOME/FORWARDING ADDRESS		
	Street		
	City	State	Zip Code
EFFECTIVE DATE OF SEPARATION / TRANSFER	HOME/CONTACT PHONE NUMBER (including Area Code)		

SECTION II. TYPE OF SEPARATION (To be completed by Immediate Supervisor or Administrative Officer)

☐ Reassigned to other OPDIV/STAFFDIV component	☐ Transferred to other Govt. Agency	DATE HHS-419 INITIATED
☐ Reassigned to other HHS component	☐ Involuntary Separation	
☐ Termination (Specify) _____	☐ Resignation	
☐ Military (Specify) _____	☐ Retirement	

REQUEST FOR PERSONNEL ACTION, SF-52 ☐ Requested ☐ Attached

Request Sent To:	Date Requested:
Provided To:	Date Provided:

INTERIM SUMMARY PERFORMANCE APPRAISAL or LAST PERFORMANCE APPRAISAL

Required when employee is reassigned to another position in the Department or transfers to another Federal agency after serving in his/her position for 120 days or more during the appraisal cycle (90 days or more for SES)

☐ Submitted ☐ Not Required

Submitted To:	Date Submitted:

SECTION III. RESOLUTION OF INDEBTEDNESS (To be completed by Administrative Officer)

Leave Balance Audit (Program Timekeeper) ☐ Requested ☐ Not Required

NOTE: Timekeeper submits Audit to Payroll for accuracy and validation with DFAS. Payroll Helpdesk (301) 504-3301

Requestor:	Date Requested:
Provided To:	Date Provided:

Outstanding Travel Advance / Voucher (AO) ☐ Submitted ☐ Attached ☐ Not Required

Requestor:	Date Requested:
Provided To:	Date Provided:

SECTION IV. CLEARANCE REQUIRED FOR ALL EMPLOYEES (To be completed by the Employee)

Instructions for Employees:

1. Follow your supervisor's instructions and your organization's clearance procedures as soon as you receive this form from your Supervisor or AO.
2. To avoid delay in your final paycheck, this form must be completed and submitted to your servicing HR Office/Team before your final paycheck, lump sum leave or any other amounts due you can be released. You MUST clear each office/function that has been determined by your supervisor.
3. Upon receipt of all signatures, return this form to your Supervisor and/or AO.
4. Your supervisor will complete Section IV of the form and submit to the Servicing HR Office.

Instructions for Clearance Officials:

1. Indicate clearance of chargeable items by printing in and signing the applicable block with your full name, date and phone number.
2. Note the reason any chargeable item was not accounted for or returned and if appropriate, indicate the dollar value of the unaccounted items to be collected from the employee.
3. Follow bureau/office clearance procedures to ensure designated authorizing official(s) has cleared.

OFFICE FUNCTION

Acquisition Management (Prior to the Last Day)

Contract Project Officer Authority Rescinded Grant Program Coordinator Authority Rescinded	Print Name Signature	**DATE**	**PHONE**

Employee's Immediate Office (Supervisor) (Prior to the Last Day)

Office Files / Reference Materials	Print Name Signature	**DATE**	**PHONE**
T&A Access Terminated	Print Name Signature	**DATE**	**PHONE**

Division's Ethics Office, See http://www.hhs.gov/ogc/contact/contacts.html (Prior to the Last Day)
http://intranet.hhs.gov/ethics/ethics_topics/post-employrestrictions.html or https://ethics.od.nih.gov/topics/employ.htm

Post-Employment Ethics Office Out Briefing	Print Name Signature	**DATE**	**PHONE**

Program Office (Supervisor/AO) (Prior to the Last Day)

Submit a Personnel Action Request (PAR) in CapHR/EHRP	Print Name Signature	**DATE**	**PHONE**
Purchase Card - Purchase Card Program psc.pcard@psc.hhs.gov	Print Name Signature	**DATE**	**PHONE**
Travel Card for OSTravel (OS/ASA) OSTravel@hhs.gov	Print Name Signature	**DATE**	**PHONE**
Timekeeper Certification – T&A coded final	Print Name Signature	**DATE**	**PHONE**

OFFICE FUNCTION (Continued)			
Transhare / Metro Subsidy	Print Name Signature	DATE	PHONE
Continued Service Agreement (Student Loan Repayment, Recruitment Bonus, etc.)	Print Name Signature	DATE	PHONE
Passports / Visa (If applicable)	Print Name Signature	DATE	PHONE
OF 346, Government Motor Vehicle Operator's Identification Card	Print Name Signature	DATE	PHONE
Property Custodian or Property Accountable Officers; (the person who is responsible for personal property assigned within his/her office or other area)	Print Name Signature	DATE	PHONE

Records Management (Prior to the Last Day)

Electronic (Example: Electronic Location i.e. CD, Network Drive, Folder Name, etc.)	Print Name Signature	DATE	PHONE
Hard Copy (Example: Physical Locations i.e. File Cabinets, Boxes, Room Number, Building Name, Etc)	Print Name Signature	DATE	PHONE

NOTE: OS STAFFDIVs Contact: Elaine Pankey, Office of the Secretary Records Officer, U.S. Department of Health and Human Services, Assistant Secretary for Administration, Office of the Chief Information Officer/OEA, 200 Independence Ave., SW, Room 336E.22, Washington, DC, HHH Bldg., PH: (202) 690-5687, **Elaine.Pankey@hhs.gov**
OSRecords.ManagementHelpdesk@hhs.gov

NOTE: For NCR Serviced OPDIVs contact:

ACF – Roydon Pratt, PH: (202) 205-4842, Facilities Management Specialist, Aerospace 6th F, 901 D St SW, Washington DC, **Roydon.Pratt@acf.hhs.gov**

ACL – Jason Bennett, PH: (202) 357-3408 Special Assistant & Executive Secretary, 1 Massachusetts Avenue, NW, Washington DC, **Jason.Bennett@aoa.hhs.gov**

AHRQ – Patricia Bosco, PH: (301) 427-1207, **Patricia.Bosco@ahrq.hhs.gov**

SAMHSA – Jeanellen Kallevang, PH: (240) 276-1130, Director DMS, 1 Choke Cherry Road, Room 3-1017, Rockville, MD **Jeanellen.Kallevang@SAMHSA.hhs.gov**

Information Technology (IT) Access 1 (866) 699-4872, HHS_ITIO_Service_Desk@hhs.gov (Last Day)

Financial Systems	Print Name Signature	DATE	PHONE
Local Area Network (LAN) / Email	Print Name Signature	DATE	PHONE
Telephone Voice Mail	Print Name Signature	DATE	PHONE
Human Resources IT (CapHR/EHRP, etc.)	Print Name Signature	DATE	PHONE
Administrative – Phone listing, Email	Print Name Signature	DATE	PHONE
Phone Card, Blackberry, Laptop	Print Name Signature	DATE	PHONE

OFFICE FUNCTION (Continued)

Security (Last Day)

For Personnel located near or in Rockville, MD - Division of Personnel Security, Office of Security and Strategic Information, U.S. Department of Health and Human Services, 5600 Fishers Lane, Room 6-89, Rockville, MD 20857-0002, (301) 443-6924 HSPD-12Services@hhs.gov.

For Personnel located near or in Washington, DC - Hubert H. Humphrey Building, 200 Independence Ave, SW, Room 120F, Washington, DC 20201 (202) 205-5131 HSPD-12Services@hhs.gov.

For Regional Personnel - Contact your Administrative Officer responsible for your location.

Government ID Badge / PIV Card	Print Name Signature	**DATE**	**PHONE**
Door Keys and/or Electronic Door Key Cards	Print Name Signature	**DATE**	**PHONE**
Classified Materials	Print Name Signature	**DATE**	**PHONE**
Parking Permits	Print Name Signature	**DATE**	**PHONE**
Security Debriefing	Print Name Signature	**DATE**	**PHONE**

Human Resources (HR Servicing Team) 300 C Street, SW, Switzer Building, Room 2013, Washington, DC 20201 Team Manager, Jacqueolyn Barksdale, (202) 619-0094, Jacqueolyn.Barksdale@hhs.gov Team Manager, Belinda Thomas-Blackwell, (216) 615-4022, Belinda.Thomas-Blackwell@hhs.gov Benefits Team, Keeya Flournoy, (202) 205-3816, Keeya.Flournoy@hhs.gov (Last Day)

Personnel Action SF-52 Lump Sum Leave Payment NOTE: Applicable to employees leaving the Federal Government	Print Name Signature	**DATE**	**PHONE**
Obtain and Submit PMAPs	Print Name Signature	**DATE**	**PHONE**
eOPF - Obtain and Transmit to Gaining Agency or OPM NCR_eOPF@hhs.gov	Print Name Signature	**DATE**	**PHONE**
Submit SF-75, Request for Preliminary Employment Data (Upon request from gaining Agency)	Print Name Signature	**DATE**	**PHONE**
Process Separation or Retirement in EHRP/ CapHR	Print Name Signature	**DATE**	**PHONE**
Repayment for: Student Loans (If applicable, submit ticket to Payroll)	Print Name Signature	**DATE**	**PHONE**
NCR HR Center Exit/Off Boarding Interview Send an email to NCRHRCenterNEO@hhs.gov or call Christian Fackrell 202-260-6227 Christian.Fackrell@hhs.gov	Print Name Signature	**DATE**	**PHONE**
Last Leave and Earnings statements	Print Name Signature	**DATE**	**PHONE**
Benefits Exit Briefing (Only if Leaving Federal Government)	Print Name Signature	**DATE**	**PHONE**

NOTE: Regional Employees should contact their Supervisor and/or Administrative Officer for clearance procedures.

SECTION V. EMPLOYEE CERTIFICATION

I certify that, except as otherwise indicated, I have no Government property, records or documents, including classified material issued or furnished by the Department of Health and Human Services or reproduced by me, and I am not otherwise indebted to the United States Government.

I certify that I have reviewed all the non-record documents that I plan to remove from the Department. None of these documents contain national security information or other information afforded protection under various statutes or regulations, such as privacy act information or trade secrets; related to any pending or contemplated civil, criminal, or administrative proceeding or other program activity where their release could prejudice the matter, if removed, would hinder the efficient continued functioning of an office or my successor; if removed, would diminish the records or other documentary information needed for the official business of the Department; if removed, would violate the confidentiality of any interest protected by law, such as national security, privacy, trade secrets; if removed, would exceed normal administrative economies (i.e., impose an unreasonable cost or burden created by copying or removing the materials from the building); or if removed, would unnecessarily expose, or risk exposing, to the public any internal deliberations, opinions, legal or policy advise, law enforcement materials, or other professional work-product of any office or employee of the Department. In addition, I understand that I must obtain clearance from the appropriate official possessing authority before I will be permitted to remove any documents that would not normally be released to a third party under the Freedom of Information Act.

NOTE: Employees will not be officially released from HHS until the entire Offboarding Checklist has been completed and signed. This may cause a delay processing the separation or transfer. This may also cause a delay in the processing of the final paycheck.

PRINT NAME	SIGNATURE	DATE

SECTION VI. SUPERVISOR CERTIFICATION

☐ I certify that the employee has personally cleared each office of this form as well as any other office identified in the supplemental clearance procedures.

☐ Employee has not cleared as indicated above and I have not certified the employee's time and attendance record.
(Note: Supervisor must notify the HR Servicing Office to initiate debt collection)

PRINT NAME	SIGNATURE	DATE

SECTION VII. ADMINISTRATIVE OFFICER (AO) CERTIFICATION

☐ I certify that the employee has personally cleared each office as indicated in Section III of this form as well as any other office identified in the supplemental clearance procedures.

☐ Employee has not cleared as indicated above and I have not certified the employee's time and attendance record.
(Note: Supervisor must notify the HR Servicing Office to initiate debt collection)

Reason(s) for non-clearance:

NOTE: Employees will not be officially released from HHS until the entire Offboarding Checklist has been completed and signed. The employee will remain on your staffing list until the Offboarding process has been completed.

PRINT NAME	SIGNATURE	DATE

SECTION VIII. SERVICING HR OFFICE (Check appropriate response)

I acknowledge receipt of the Clearance of Employees for Separation or Transfer Form.

☐ This form was completed in its entirety. Employee has cleared HHS Separation / Transfer Requirements.

☐ This form was not completed in its entirety. Employee has not cleared HHS Separation / Transfer Requirements as indicated below. Action will be taken to collect the debt.

Reason(s) for non-clearance:

PRINT NAME	SIGNATURE	DATE

GUIDELINES FOR COMPLETING FORM HHS-419

The employee's supervisor (assisted by the administrative officer) is responsible for obtaining appropriate clearances for employees separating or transferring from their units, and will initiate Form HHS-419 by filling in all items when informed about the pending separation or transfer of an employee. When physically possible, the Form HHS-419 will be hand-carried to those officials from whom clearance is necessary. For locations which are distant from the clearance offices, the supervisor/AO may obtain telephone clearances when deemed appropriate. Telephone clearances must be annotated with the name of the official contacted, status of each item, and date of clearance.

The clearance officials who are responsible for certain items shall secure, when applicable, the return of issued items and forms, check and sign the clearance action they take. They will describe on a separate continuation sheet items for which clearance is not granted along with recommendations for immediate actions. (Continuation sheet(s) must be attached to Form HHS-419).

If the employee is indebted to the Department, the supervisor shall take the following actions as applicable:

Arrange for settlement/resolution of the employee's indebtedness to the Department prior to separation or transfer.

If the employee has not repaid his/her indebtedness prior to separation or transfer, contact the Program Support Center, Division of Financial Operations, Debt Management Branch Customer Service at 301-443-9560, http://www.psc.gov/fms/dfo-index.

After all items have been cleared or resolved and the employee has signed and dated the certification block (if the employee is unable or refuses to sign, the supervisor will note this in the Signature of Employee block) and the supervisor and/or AO has signed and dated the certification, a copy of the Form HHS-419 will be provided to the employee and the Human Resources Servicing Team for final processing.

The completed Form HHS-419 and all continuation sheets shall be retained in the AO's files for one year or for one year after any indebtedness is recovered, whichever is longer.

HHS-419 (Rev. 08/14) (PREVIOUS EDITIONS OBSOLETE)