

EMPLOYEE'S CLEARANCE FROM INDEBTEDNESS

NAME OF EMPLOYEE	SOCIAL SECURITY NO.	MAIL FORWARDING ADDRESS	DATE
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TITLE OF POSITION	STATION NO.	SERVICE, DIVISION AND SECTION
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THE EMPLOYEE IS (Check one) <input type="checkbox"/> BEING SEPARATED FROM VA <input type="checkbox"/> BEING TRANSFERRED TO (Specify)	THE EMPLOYEE IS (Check one) <input type="checkbox"/> VETERAN <input type="checkbox"/> NON VETERAN	EFFECTIVE
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This certifies that the above-named employee is not indebted to the Government except as noted.

ADMINISTRATION/STAFF OFFICES	CLEARANCE OFFICIAL	ARTICLES	QTY.	UNIT COST	TOTAL COST
Home Service Service Line Manager					
Medical Media (GB-108) X-6050					
Records Management (GB-107) x-6040 or (GC-215) X-6433					
Linen Shop (GC-118) x - 2300		<input type="checkbox"/> Uniforms			
Engineering Service (GC-126) X-6100		<input type="checkbox"/> Transit Benefit Program			
Logistics Svc (GC-117) X-6123					
Canteen Service (1A-104A) X-4628					
My HealtheVet		POC: Michael Burton (1C-301) X-3025 / 7681			
Occupational Health (2D-207) X-6475					
Library (6C-171) X-7672					
Nurse Recruiter (RNs & LPNs Only) - (3A-158) X-7630					
Pharmacy (Nursing Staff Only) - (GC-325) x-6181		<input type="checkbox"/> Clear Pyxis access			
Financial Mgmt (Off-site) call X-6320		<input type="checkbox"/> Purchase Card <input type="checkbox"/> Govt. Credit Card			
Locksmith (BC-104)					
Human Resources (HR Staffing Bld. M)		Online Exit Survey http://survey.htm.va.gov/Perseus/se/2EA0F67971D6E292			
Police Service (GA-200 / 238)		<input type="checkbox"/> PIV Badge			
Information Technology (3A-114)					

**Turn in Clearance Sheet to Agent Cashier – All above sections must be initialed Payroll/Agent Cashier (1B-200 / Located near the Outpatient entrance)	INITIALS	
	EMPLOYEE	PAYROLL

SHORTAGES NOTED ON VOUCHER NO.	DATE OF VOUCHER
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REMARKS

NOTE: When a transfer is within the VA, the final salary check issued by the losing stations will be mailed to the employee's check mailing address **or** if direct deposit, to the bank coded in the master record at the end of the employee's last pay period at the losing station.

HRMS Approval: _____ (Date)

(Signature & Title)

INSTRUCTIONS: This form must be completed and presented to the Agent Cashier, Finance Division, before final payment will be released.

SIGNATURE OF APPROVING OFFICIAL	DATE	INITIALS OF AGENT CASHIER	DATE	INDEBTEDNESS COLLECTED	
				\$	
				SCHEDULE NO.	DATE