

**NAVAL AIR WARFARE CENTER AIRCRAFT DIVISION
LAKEHURST, NJ 08733
SEPARATION-CLEARANCE (CHECK-OUT)**

NAME

SSN

FORWARDING ADDRESS (*Street, City, State, Zip Code*)

Every employee who resigns or is separated from employment for any other reason, will present this Separation-Clearance Checklist to the offices listed below. The sequence below need not be followed as long as the Human Resources Office is the last area you visit. Wages or salary due may be withheld in any case where Government property or material issued has not been properly accounted for.

A designated employee in each office will complete the "Initial" column.

This form, when completed, will be retained by the Human Resources Office.

ORGANIZATION	PURPOSE	INITIALS	DATE
1. Your Departmental Administration Office or section of separating employee	Return safety equipment permit. Receipt of final papers.		
2. Shop/Office Supervisor	Office equipment, keys, etc.		
3. Dispensary (Bldg. 39)	Exit Audiogram		
4. Comptroller, Travel (Bldg. 120)	Liquidate travel advances and settlement/Gov't Credit Card		
5. Comptroller, Data Entry Point (Bldg. 120)	Clearance for leave, bonds, etc.		
6. Mail and File Section (Bldg. 120-1) (Mail room)	Forwarding Address		
7. IMD Helpdesk (Bldg. 120-1)	Network/Email Account		
8. Safety Office (Bldg. 5)	Exit Interview		
9. Telecommunications (North side-Hangar 1)	Voice mail/AT&T Calling Card/Cell Phone/TSR Form		
10. Classified Mail Office (Bldg. 562, Room 124)	Security Termination/Statement		
11. Office of Counsel (Bldg. 150-L)	Post Government employment ethics advice		
12. Pass and ID Office (Main Gate, Bldg. 620)	Return ID Badge/NAWCADLKE auto pass		
13. Human Resources Office (Bldg. 120, west wing)	Forwarding Address		
IF APPLICABLE:			
14. Tool Room	Return Tools		
15. Special Services, Gear Issue General Library (Bldg. 123)	Return any books/athletic or other type of equipment		
16. Contracts (Bldg. 562-1)	Impact Card		

REMINDER: If you have an account with the Credit Union, it is to your advantage to settle financial business TODAY.

TELEPHONE SERVICE REQUEST (TSR) FORM

NAME: _____ DATE: _____

CODE: _____

PHONE EXT.: _____

BLDG.: _____ FLOOR: _____ ROOM: _____ CUBE #: _____

ACTION REQUESTED

Relocate Existing Ext. to:

BLDG.: _____ FLOOR: _____ ROOM: _____ CUBE #: _____

Digital Line:

BLDG.: _____ ROOM: _____ CUBE #: _____

Fax Line:

BLDG.: _____ ROOM: _____ CUBE #: _____

New Phone Line:

Voice Mail: BLDG.: _____ ROOM: _____ CUBE #: _____

OTHER:

SUPERVISOR'S SIGNATURE REQUIRED _____

**COMPLETE FORM, PRINT, OBTAIN SUPERVISOR'S SIGNATURE, AND FAX TO EXT. 7242.
PLEASE ALLOW 7-10 WORKING DAYS TO COMPLETE WORK ORDER.**

FOR TELECOMMUNICATIONS USE ONLY:

TSR# _____ Completed: _____ BY: _____

Ext: _____ Aerial _____ Pair1 _____ Pair2 _____ Track _____

Comments: _____
