

CIVILIAN CLEARANCE RECORD

For use of this form, see DA MEMO 690-1; the proponent agency is MDW.

1. NAME (<i>Last, First, MI</i>)	2. TITLE/GRADE
3. ORGANIZATION	4. DEPARTURE DATE
5. REASON FOR LEAVING	
6. TITLE AND LOCATION OF NEW ASSIGNMENT	

Appropriate administrative contact will check applicable items. The responsible official who initials below is certifying that the individual is cleared from responsibility for all government property, classified documents, financial responsibility and accountability for the activity indicated.

CLEARANCE <i>(a)</i>	INITIAL <i>(b)</i>	CLEARANCE <i>(c)</i>	INITIAL <i>(d)</i>	CLEARANCE <i>(e)</i>	INITIAL <i>(f)</i>
1. SUPERVISOR		11. LOCATOR CARDS		MELR, ROOM 1B924 b. COMPENSABLE INJURY	
2. OFFICE TIMEKEEPER		FINANCE & ACCOUNTING 12. OFC, 1900 HALF ST., S.W.		R & P, ROOM 1A909 c. EXIT QUESTIONNAIRE	
3. KEY CONTROL OFFICER		a. CIVILIAN PAYROLL		OTHER	
4. SECURITY MANAGER		b. CIVILIAN TRAVEL		15.	
5. CLASSIFIED DOCUMENTS		CIVILIAN PERSONNEL 13. OFFICE		16.	
TASPSO, ROOM 1B463 6. SECURITY DEBRIEF		a. TSO, ROOM 1A884 RESIGNATIONS/ REMOVALS		17.	
7. PROPERTY ACCOUNTABILITY		(1) SF 2802		18.	
		(2) SF 2810			
8. PARKING PERMIT		(3) SF 2819		19.	
		(4) SF 2821			
9. BUILDING PASS		(5) SF 8		20.	
		(6) EXIT BRIEFING			
10. LIBRARY, ROOM 1A518		(7) EXIT BRIEFING HANDOUT		21.	

7. REMARKS

SIGNATURE OF EMPLOYEE	DATE
SIGNATURE OF SUPERVISOR (INDICATES COMPLETION OF FORM)	DATE