1. Employee Name		2. Social Security Number (Last 4 Digits Only)			
PRIVACY ACT STATEMENT. Collection of your Social Security Number is authorized by E.O. 9397 and will be used solely for the purpose of positive identification. Furnishing this					
information	`		la		
	(MM-DD-YYYY)	ive Service			Date
NOT MAIL. nting the cle I" box are ce 7 "Commen must be for e Division Di bleted the cle	aring organization. ertifying that records havets". ewarded to the Human Refector for certification. earance process, in Part	re been checked	d and the abo	ove named e e leave discr	mployee has epancies.
			s Telephone	Number	
Date	<u> </u>		Room	Initial	Date
	12. Other (specify)	·			
/ISION - 1	280 Maryland Avenu	ue, SW (Porta	ls Building	3)	
			Suite	Initial	Date
			580A		
14. Contracting Officer Warrant (if applicable)			580A		
SION - 125	0 Maryland Avenue	, SW (Portals			
				Initial	Date
16. Central Supply Card 17. Magnetic Card Access to Jamie L. Whitten (Admin. Building)					
			520P		
			520P		
avinla co			520P 520P		
exiplace			520P 520P 520P		
	Independence Aven	SW (Sour	520P 520P 520P 520P		
	Independence Aven	ue, SW (Sout	520P 520P 520P 520P	l)	Date
	Independence Aven	ue, SW (Sout	520P 520P 520P 520P		Date
	Independence Aven	ue, SW (Sout	520P 520P 520P 520P th Building Room		Date
	Independence Aven	ue, SW (Sout	520P 520P 520P 520P 6h Building Room 5728-S	Initial	
ON - 1400	Independence Aven		520P 520P 520P 520P 6h Building Room 5728-S Room 5736-S	Initial Initial	
ON - 1400 ER (OCIO)		e Avenue, SV	520P 520P 520P 520P 6h Building Room 5728-S Room 5736-S	Initial Initial	
ON - 1400 ER (OCIO)	- 1400 Independenc	e Avenue, SV	520P 520P 520P 520P 520P 520P Sh Building Room 5728-S Room 5736-S	Initial Initial uilding)	Date
ON - 1400 ER (OCIO)	- 1400 Independenc	e Avenue, SV	520P 520P 520P 520P 520P Sh Building Room 5728-S Room 5736-S V (South B Room 2110 or	Initial Initial uilding)	Date
	PRIVACY A 9397 and we information INSTRUC fore the last NOT MAIL. nting the cle II' box are ce 7 "Comment must be for e Division Di pleted the cle NISTRATI Date VISION - 1	PRIVACY ACT STATEMENT. Collecting 19397 and will be used solely for the prinformation is voluntary. S. Last Day of Acting	PRIVACY ACT STATEMENT. Collection of your Social 9397 and will be used solely for the purpose of positive information is voluntary. 5. Last Day of Active Service (MM-DD-YYYY) INSTRUCTIONS fore the last active duty day. This form should be hard NOT MAIL. Inting the clearing organization. I" box are certifying that records have been checked to the Human Resources Division Director for certification. In the clearance process, in Part D. The Division Director for certification. INSTRATIVE CONTACT TB. Administrate (Including American August 12. Other (specify) 12. Other (specify) VISION - 1280 Maryland Avenue, SW (Portal August 12. Other (specify)	PRIVACY ACT STATEMENT. Collection of your Social Security Nur. 9397 and will be used solely for the purpose of positive identification information is voluntary. 5. Last Day of Active Service (MM-DD-YYYY) 6. Actual (MM-DD-YYYYY)	PRIVACY ACT STATEMENT. Collection of your Social Security Number is autho 9397 and will be used solely for the purpose of positive identification. Furnishin information is voluntary. 5. Last Day of Active Service (MM-DD-YYYY) 6. Actual Separation (MM-DD-YYYY) INSTRUCTIONS Fore the last active duty day. This form should be hand carried or unless othe NOT MAIL. Inting the clearing organization. It box are certifying that records have been checked and the above named e 7 "Comments". 6. In the province of the Interest of Intere

AD-1106 (11-14-07)
OFFICE OF CHIEF INFORMATION OFFICER (OCIO) - 1400 Independence Avenue, SW (South Building) (Continued)

Information Security Office for FSA. Contact Telephone Numbers for Items 26-31 are: 202-720-9152, 202-720-0146, 202-205-7399, 202-690-4639, and 202-720-2419, and Cell Numbers 202-834-3979 and 202-391-5571.					Room	Initial	Date
26. Disable User ID (LAN, DEC, etc.)					6951-S 6651-S		
27. Delete Name From E-Mail Address Book				6951-S 6651-S			
28. ADP Equipment - Loaned					6951-S 6651-S		
29. Computer Center Access Card					6951-S 6651-S		
30. USB Thumb Drive					6951-S 6651-S		
31. Other (Specify):					6951-S 6651-S		
C	IVIL RIGHT	S STAFF -	- 1280 Mar	yland Avenue, SW (Portals Build			
Employees should go on-line to complete the femployees do not have Internet access or a					Suite	Initial	Date
32. Exit Interview - FSA employees	io in nood or d	porcorial inter-	viow, pieddo o	Siliade alon rigology Core.	580B		
CIVIL RIC	SHTS STAF	F - 14th a	nd Indeper	ndence Avenue, SW (South Build	ling)	_	
	Room	Initial	Date		Room	Initial	Date
33. Exit Interview - FAS employees	6508-S			34. Exit Interview - RMA employees	0359-S		
FAS	SERVICES	6 - 14th an	d Independ	dence Avenue, SW (South Buildi	ng)		
FAS Employees Field Technology Support Staff	Room	Initial	Date	FAS Employees	Room	Initial	Date
35. Disable User ID (LAN, DEC, etc.)	4603-S			44. State Dept. Identification Card	6067-S		
36. Delete Name From E-Mail Address Book	4603-S			45. Electronic Door Access - Ultrak Security System - Form	6951-S		
37. ADP Equipment - Loaned	4610-S			46. IMPAC Purchasing Credit Card (FAS Overseas)	6067-S		
88. Computer Center Access Card	4917-S			47. Remove INCA Access	6082-S		
39. Disable Voice Mail Account	6536-S			48. SIPRNET ACCESS CANCELLED	6082-S		
40. USB 512MB Thumb Drive	0664-S			49. Metrochek	6083-S		
41. Blackberry Telephone	4610-S			50. Passport (Including FSA & RMA)	1069-S		
42. FAS Cell Phone	4608-S			51. FAS Telephone Calling Card	6536-S		
43. Other (Specify)				52. RMA Travel Charge Cards (Contact Patti Byrd (RMA-KC-FMS) 816-926-7975)			
FSA - Fax form to 703-305-1147 for Si	OFFICE anatures.	OF BUDGE	ET AND FINA	ANCE (Park Office Center) FAS - Fax form to 703-305-0983 for	Signatures.		
FSA EMPLOYEES	Room	Initial	Date	FAS EMPLOYEES	Room	Initial	Date
53. Travel Advance	1209-POC			58. Government Travel Credit Card	1132-PO0		
54. Government Travel Credit Card	1209-POC			59. Imprest Fund Advance	1132-PO		
55. Card Destroyed	1209-POC			60. Travel Advance	1132-PO0	;	
56. Card Returned	1209-POC			61. Other (specify):			
57. Passport (See Item 50)				62. Other (specify):			
HUMAN	RESOUR	ES DIVISI	ON 1280 N	laryland Avenue, SW (Portals Bu	ilding)		_
Financial Disclosure DeBriefing:	Suite	Initial	Date	Employee Programs Branch	Suite	Initial	Date
3A. OGE 450	490P			67. Term Child Care Tuition Assistant	ce 490P		
63B. SF-278 (Contact: 202-720-2251)	Admin Bldg. 348-W			Payroll/Personnel Operations Section	on Suite	Initial	Date
TRAINING BRANCH	Suite	Initial	Date	68. Service Agreement	490P		
64. Training Evaluations	490P			69. Sign AD-491, Security Debriefing Secrecy Agreement Form	490P		
65. Training Related Equipment/ Materials on Loan	490P			70. Conduct Security Briefing (Conducted PPOS) for FSA, RMA, & FAS)	^{by} 490P		
Employee Programs Branch	Suite	Initial	Date	71. Issue AD-815, Post Employment Restrictions	490P		
66. Terminate Flexi-Place	490P						

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OF	OFFICE OF OPERATIONS/O&O Security Badge Office			Date
72.	OLD USDA I.D. Badge (Issue badge card for employee retiring. If applicable)	Mezzanine 7-S		
73.	Turn in Personnel Misconduct Investigator ID or Other Credentials:	Room	Initial	Date
	FSA Employees	2720-S		
	RMA Employees	4619-S		
	FAS Employees	Portals Suite 400-P		

73.	Turn in Personnel Misconduct Investigator ID or Other Credentials:	Room	Initial	Date
	FSA Employees	2720-S		
	RMA Employees	4619-S		
	FAS Employees	Portals Suite 400-P		
PA	RT C - COMMENTS			
/4.	Comments:			
	ART D. CERTIFICATIONS			
I ce	ART D - CERTIFICATIONS crtify that this employee has completed the clearance process and this form.			
75/	A. Division Director's Signature	75B. Date	e (MM-DD-YY	YY)
I ce	ertify that I have returned or made compensation in full for all Government property assigned to me. I furth	er certify tha	t I have disc	cussed with an
	propriate supervisor any documents/information I have in my possession and have obtained his/her approval A. Employee Certification Signature	76B. Date	ose I desire t e (MM-DD-YY	o keep. YY)
"	1 - 7 3			

Copy of completed form should be provided to employee. The Division Director should ensure that this form is mailed to HRD.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.