

## OSD/WHs SECURITY MANAGEMENT OUT-PROCESSING CHECKLIST

**PRIVACY ADVISORY:** When completed, this form contains personally identifiable information and is protected in accordance with the Privacy Act of 1974, as amended and DoD 5400.11-R "DoD Privacy Program."

1. NAME OF EMPLOYEE: a. LAST		b. FIRST	
2. ORGANIZATION/OFFICE	3. (X one) <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER		4. DEPARTURE DATE (YYYYMMDD)
5. ORGANIZATIONAL SECURITY MANAGER COMPLETING THIS CHECKLIST			
a. NAME (Last, First, Middle Initial)			b. TELEPHONE NUMBER

### CHECKLIST

(Do not list classified information on this checklist.)

(1) Requirement	(2) Date Completed (YYYYMMDD)	(3) Completed?
<b>1. PERSONNEL SECURITY</b>		
a. Employee debriefed - SF 312.		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
b. Employee debriefed - SD 416 (forward to WHs Personnel Security Operations Division).		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
c. Employee debriefed - SSO DIA/IC Form 4414		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
c. Employee debriefed - SSO DIA <input type="checkbox"/> NATO <input type="checkbox"/> ATOMAL <input type="checkbox"/> CNWDI <input type="checkbox"/> SIOP		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
e. Clearance (access) removed from appropriate database (e.g., DISS).		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
f. Visit Requests cancelled (collateral, SCI).		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<b>2. CLASSIFIED MATERIAL</b>		
a. Classified documents (material): <input type="checkbox"/> Inventory conducted <input type="checkbox"/> 100% of material accounted for		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
b. COMSEC equipment (material): <input type="checkbox"/> Inventory conducted <input type="checkbox"/> 100% of material accounted for		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<b>3. BADGING</b> (Notify appropriate badge office if badge is not recovered.)		
a. Pentagon badge (E.G. PFAC).		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
b. Common Access Card (CAC).		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
c. Other (describe):		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<b>4. FACILITY ACCESS</b>		
a. SCIF access removed.		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
b. SAP facility access removed.		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
c. Open Storage facility access removed.		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
d. Combinations and/or access codes changed.		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

CHECKLIST (Continued)

(1) Requirement	(2) Date Completed (YYYYMMDD)	(3) Completed?
5. PROPERTY RETURNED		
a. Controlled Unclassified Information (material).		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
b. DD Form 2501 (Courier Card).		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
c. SCI Courier Authorization Card.		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
d. Kastle Security cards/fob/other.		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

USE THIS SPACE FOR ADDITIONAL REMARKS, IF NEEDED.

6a. SIGNATURE	b. DATE SIGNED (YYYYMMDD)