

# **MEDICAL EVALUATION BOARD (MEB) CLEARING PACKET**

- The following items are to be present to conduct a MEB Turn-in Appointment.
  - MEB Authorization memo, signed by Mr. Brandon Yarber.
  - Unit Clearing Papers
- This appointment is Turn-in ONLY. SMs must return to CIF with Installation Clearing Papers and Orders IOT receive a CIF CLEARED Stamp.

**CIF Email: USARMY Ft Stewart ASC 406 AFSB Maillist  
CIF Customer Service <USARMYFtStewartASC406-  
AFSB-Mail\_listCIFCustomerService@army.mil>**



DEFENSE HEALTH AGENCY  
WINN ARMY COMMUNITY HOSPITAL  
1001 HARMON AVENUE  
FORT STEWART, GA 31314-5641

MCUB-PAD-DES

March 26, 2025

MEMORANDUM FOR RECORD

SUBJECT: Authorization to Clear Central Issue Facility (CIF) due to disability processing for: SSG [REDACTED], DoDID: [REDACTED]

1. This memorandum serves as confirmation that the above-named Soldier has completed all Veterans Affairs (VA) appointments and is able to schedule their appointment to clear CIF and request Unit clearing papers. The sole purpose for the Unit clearing papers is for CIF to stamp once all items are turned in. The Soldier is not authorized to clear the Unit or Installation.
2. All CIF appointments will be scheduled online at the following URL: [https://ism.army.mil/ism/SelfServiceServlet?nav.nav\\_id=ssMyClothing](https://ism.army.mil/ism/SelfServiceServlet?nav.nav_id=ssMyClothing), or by calling the CIF appointment Line: (571) 801-0363/0367/0370 or CIF Customer Service Email: USARMYFtStewartASC406-AFSB-Mail\_listCIFCustomerService@army.mil.
3. Once the above-named Soldier has completed the Disability Evaluation System (DES) the Soldier will have 26 days to clear the installation.
4. In coordination with installation agency and department leadership, this memorandum indicates that the Soldier can start clearing CIF immediately in order to meet the 26-day transition timeline.
5. Delays in allowing the Soldier to clear CIF at this time can hinder the Soldier's transition from service, once complete with the DES, within the standards set forth by the Department of Defense.
6. The point of contact for this memorandum is the undersigned at 571-801-5291 or brandon.e.yarber.civ@health.mil

YARBER.BRANDON

Digitally signed by  
YARBER.BRANDON.ELIC [REDACTED]  
8  
Date: 2024.08.02 10:55:39 -04'00'

BRANDON E. YARBER  
Chief, Disability Evaluation System

**UNIT CLEARANCE RECORD**

For use of this form, see AR 600-8-101; the proponent agency is DCS, G-1.

**PRIVACY ACT STATEMENT****AUTHORITY:** 10 USC 136, Under Secretary of Defense for Personnel and Readiness; 10 USC 7013, Secretary of the Army; and Army Regulation 600-8-101, Personnel Readiness Processing.**PRINCIPAL PURPOSE:** To ensure Soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement. See the System of Records Notice A0600-8-104 AHRC, Army Personnel System (APS).**ROUTINE USES:** None. Form will not be disclosed outside the Department of Defense (DoD) and sponsored agencies listed on SORN A0600-8-104 AHRC (APS).**DISCLOSURE:** Disclosure of this information is voluntary; however, failure to complete this form may result in only partial payment of final pay.**INSTRUCTIONS****TO THE SOLDIER:**

This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. You are responsible for ensuring that this checklist is completed properly. If you are transitioning from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving only 55 percent of your final pay pending verification by DFAS of any outstanding debts. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed.

**TO THE UNIT COMMANDER / BN S1:**

This Soldier is scheduled to PCS or transition from the Active Army. We need your assistance to ensure proper installation clearance and computation of the Soldier's final leave and pay entitlements. Identify all actions within the last 60 days before the Soldier's departure date and complete the items below. Failure to provide this information will cause the withholding of 45 percent of the Soldier's final pay at transition, pending DFAS final verification of outstanding transactions.

**SECTION A - PERSONNEL DATA***(To be completed by the commander, BNS1, out-processing center, or appointed official)*

|   |                |                              |
|---|----------------|------------------------------|
| 1. NAME (Last, First, Middle)   | 2. RANK        | 3. ORDERS NO.                |
| 4. GAINING UNIT   | 5. LOSING UNIT | 6. DATE OF ORDERS (YYYYMMDD) |
| 7. REASON FOR CLEARING<br><input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (Specify): _____ |                | 8. DEPARTURE DATE (YYYYMMDD) |

**SECTION B - DUTY STATUS**

| 9. DUTY STATUS<br><i>Indicate all leave, TDY, hospitalization, field duty, lost time, AWOL, and confinement within 60 days prior to issuance of the clearance forms.</i> | a. TYPE OF ABSENCE | b. LOG NUMBER OR ORDER NUMBER<br><i>(When Applicable)</i> | c. START DATE<br>(YYYYMMDD) | d. RETURN DATE<br>(YYYYMMDD) |
|--|--------------------|---|-----------------------------|------------------------------|
|  |                    |   |                             |                              |
|  |                    |   |                             |                              |
|  |                    |   |                             |                              |
|  |                    |   |                             |                              |
|  |                    |   |                             |                              |

**SECTION C - ADVERSE ACTIONS**

| 10. ADVERSE ACTIONS<br><i>All that have occurred within 60 days prior to issuance of clearance forms. Include UCMJ actions, courts martial, administrative reductions, and administrative discharges.</i> | a. TYPE OF ACTION | b. SOURCE DOCUMENT DATE<br>(YYYYMMDD) | c. PUNISHMENT | d. EFFECTIVE DATE<br>(YYYYMMDD) | e. COMPLETION DATE<br>(YYYYMMDD) |
|---|-------------------|---------------------------------------|---------------|---------------------------------|----------------------------------|
|   |                   |                                       |               |                                 |                                  |
|   |                   |                                       |               |                                 |                                  |
|   |                   |                                       |               |                                 |                                  |

## SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS

## 11. PROPERTY ACCOUNTABILITY

|   |  |   |
|---|--|---|
| 11a.<br><input type="checkbox"/> STATEMENT OF CHARGES/ CASH COLLECTION VOUCHER<br><input type="checkbox"/> FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS   | 11b. DATE OF SOURCE DOCUMENT (YYYYMMDD)<br><br>11c. AMOUNT | 11d. DISPOSITION  |
| 12a. PAY ITEMS (Check all that apply)<br><input type="checkbox"/> BAS <input type="checkbox"/> BAH <input type="checkbox"/> COLA <input type="checkbox"/> OHA <input type="checkbox"/> FSA <input type="checkbox"/> IDP <input type="checkbox"/> HPD <input type="checkbox"/> SDAP<br><input type="checkbox"/> OTHER (Specify): _____ | 12b. INCENTIVE PAY (Specify Type)                          | 12c. BONUS<br><input type="checkbox"/> ENLISTMENT <input type="checkbox"/> REENLISTMENT |

## SECTION E - BATTALION/UNIT CLEARANCE ITEMS (A check by an item confirms that the item has been verified and that necessary action has been taken.)

## 13. BATTALION S1/UNIT COMMANDER VERIFYING OFFICIAL

|   |   |                                    |
|---|---|------------------------------------|
| a. NAME (Last, First, Middle)                       | b. SIGNATURE                                  | c. DATE (YYYYMMDD)                 |
| DA Form 31 (Request & Authority for Leave)          | DA Form 5305 (Family Care Plan)               | EMILPO Duty Position               |
| DD Form 714 (Meal Card Control Book)                | DD Form 2648 / DD Form 2648-1                 | DA Form 6 (Duty Roster)            |
| DA Form 2173 (Line of Duty Investigation)           | Exit Survey/DD Form 2958                      | E-Profile                          |
| Unit Items  | DA Form 268 (Flag)                            | DA Form 647-1 (Personnel Register) |
| DA Form 67-10 / DA Form 2166-8 (Evaluation Reports) | DA Forms 5500/5501 (Body Composition Program) | DA Form 3955 (Change of Address)   |
|   |   | TRICARE Dental Program             |
|   |   | Exceptional Family Member Program  |
|   |   | ADPAAS Update                      |
|   |   | DD Form 93/SGLV Update             |
|   |   | DoD Travel Charge Card             |

## 14. BATTALION S1/S3/UNIT COMMANDER VERIFYING OFFICIAL

|  |                              |   |
|--|------------------------------|---|
| a. NAME (Last, First, Middle)                                | b. SIGNATURE                 | c. DATE (YYYYMMDD)  |
| Security Briefing/Debriefing                                 | ACFT                         | Security Clearance  |
| Weapons Qualification  | Training Records             | Anti-terrorism Briefing   |
| Training Room  | PERSTEMPO Verification Sheet | Upload DA Form 5248-R into JPAS/CATS  |
| Army Financial Literacy PCS Training (E1-E4, WO1-WO2, O1-O3) |                              | Records Management process, preservation notice, and litigation hold statement. |
|  |                              | Upload/Update DA Form 4833  |

## 15. BATTALION S4/UNIT COMMANDER VERIFYING OFFICIAL

|                               |                         |                    |
|-------------------------------|-------------------------|--------------------|
| a. NAME (Last, First, Middle) | b. SIGNATURE            | c. DATE (YYYYMMDD) |
| Supply Room                   | CBRN Room               | Motor Pool         |
| Arms Room                     | Protective Mask Inserts |                    |

## 16. OTHER

|                     |                               |              |                    |
|---------------------|-------------------------------|--------------|--------------------|
| a. OTHER CLEARANCES | b. NAME (Last, First, Middle) | c. SIGNATURE | d. DATE (YYYYMMDD) |
| Career Counselor    |                               |              |                    |
|                     |                               |              |                    |
|                     |                               |              |                    |

## 17. REMARKS

## 18. SOLDIER'S AUTHENTICATION

|                               |              |                    |
|-------------------------------|--------------|--------------------|
| a. NAME (Last, First, Middle) | b. SIGNATURE | c. DATE (YYYYMMDD) |
|-------------------------------|--------------|--------------------|

## 19. COMMANDER/1SG AUTHENTICATING OFFICIAL

|                               |              |                    |
|-------------------------------|--------------|--------------------|
| a. NAME (Last, First, Middle) | b. SIGNATURE | c. DATE (YYYYMMDD) |
|-------------------------------|--------------|--------------------|