

# **ADMINISTRATION SEPARATION / CHAPTERS PACKET**

- The following items are to be present to conduct an Administrative Separation Turn-in Appointment.
- SM must be accompanied by a unit representative/Escort.
  - SFL/TAP Authorization memo, signed by Commander (attached)
  - Unit Clearing Papers (attached)
- All FLIPLs (DD 200) and Statement of Charges (DA 7923 should be conducted prior to this appointment IOT get a first time GO.
- 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>**



DEPARTMENT OF THE ARMY  
BATTALION HEADQUARTERS  
ARMORED BRIGADE COMBAT TEAM  
3D INFANTRY DIVISION  
FORT STEWART, GEORGIA 31314

AFZP-XXX-XX

Date: \_\_\_\_\_

MEMORANDUM FOR RECORD

SUBJECT: Request to clear Central Issue Facility (CIF) and Soldier for Life-Transition Assistance Program (SFL-TAP)

1. The following Soldier needs to turn-in OCIE and SFL-TAP due to a Chapter 14-12c administrative separation:

<u>NAME</u>	<u>RANK</u>	<u>SSN</u>
SNUFFY, Joe	PFC	XXX-XX-XXXX

2. The point of contact for this memorandum is the undersigned at (912) 767-XXXX.

(CO CDR NAME)  
(RANK), (BRANCH)  
Commanding

**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 <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 <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 <i>(When Applicable)</i>	c. START DATE (YYYYMMDD)	d. RETURN DATE (YYYYMMDD)

**SECTION C - ADVERSE ACTIONS**

10. ADVERSE ACTIONS <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 (YYYYMMDD)	c. PUNISHMENT	d. EFFECTIVE DATE (YYYYMMDD)	e. COMPLETION DATE (YYYYMMDD)

## SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS

## 11. PROPERTY ACCOUNTABILITY

11a. <input type="checkbox"/> STATEMENT OF CHARGES/ CASH COLLECTION VOUCHER <input type="checkbox"/> FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS	11b. DATE OF SOURCE DOCUMENT (YYYYMMDD)  11c. AMOUNT	11d. DISPOSITION
12a. PAY ITEMS (Check all that apply) <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 <input type="checkbox"/> OTHER (Specify): _____	12b. INCENTIVE PAY (Specify Type)	12c. BONUS <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	TRICARE Dental Program	
DD Form 714 (Meal Card Control Book)	DD Form 2648 / DD Form 2648-1	DA Form 6 (Duty Roster)	Exceptional Family Member Program	
DA Form 2173 (Line of Duty Investigation)	Exit Survey/DD Form 2958	E-Profile	ADPAAS Update	
Unit Items	DA Form 268 (Flag)	DA Form 647-1 (Personnel Register)	DD Form 93/SGLV Update	
DA Form 67-10 / DA Form 2166-8 (Evaluation Reports)	DA Forms 5500/5501 (Body Composition Program)	DA Form 3955 (Change of Address)	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	Upload/Update DA Form 4833	
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.		

## 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)
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## 19. COMMANDER/1SG AUTHENTICATING OFFICIAL

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