

## UNIT CLEARANCE RECORD

For use of this form, see AR 600-8-101; the proponent agency is DCS, G1

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Section 301, Title 5, USC.  
**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.  
**ROUTINE USES:** To close out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (DoD) and sponsored agencies.  
**DISCLOSURE:** Disclosure 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 PRINGLES, CHRISTY JOY	2. RANK SFC	3. SSN 999-88-7777	4. ORDERS NO.
5. GAINING UNIT GA ARNG RECRUITING & RETENTION BRIGADE			
7. DATE OF ORDERS (YYYYMMDD)			
9. DEPARTURE DATE (YYYYMMDD) 20100731			

**SECTION B - DEBT VERIFICATIONS**

10. 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**

11. 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. DATE OF SOURCE DOCUMENT (YYYYMMDD)	c. PUNISHMENT	d. EFFECTIVE DATE (YYYYMMDD)	e. COMPLETION DATE (YYYYMMDD)

**SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS**

<b>12. PROPERTY ACCOUNTABILITY</b>		<b>12d. DISPOSITION</b>	
<b>12a.</b>	STATEMENT OF CHARGES/CASH COLLECTION VOUCHER <input type="checkbox"/>	DATE OF SOURCE DOCUMENT (YYYYMMDD)	
	REPORT OF SURVEY <input type="checkbox"/>	12c. AMOUNT	
<b>13. PAY ITEMS (Check all that apply)</b>		<b>13a. INCENTIVE PAY (Specify Type)</b>	
<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"/> CPP	<input type="checkbox"/> SDAP
<input type="checkbox"/> OTHER (Specify)		<input type="checkbox"/> ENLISTMENT BONUS	
		<input type="checkbox"/> REENLISTMENT BONUS	

**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.**

<b>14. BN S1/UNIT COMMANDER VERIFYING OFFICIAL</b>		<b>13b.</b>	
a. TYPE OR PRINT NAME FARR, KENNETH D.	b. SIGNATURE <i>Kenneth D. Farr</i>	c. DATE (YYYYMMDD) 20090901	
DA Form 31	Family Care Plan	PROFIS Duty Position	TRICARE Dental Program
Meal Card	DD Form 2648	Duty Roster	Exceptional Family Member Program
Line of Duty Investigation	DOD Travel Charge Card	Physical Profile	
Unit Items	Flagged	Personnel Register	
Evaluation Reports	Weight Control Program	Change of Address Form	

<b>15. BN S2/3/UNIT COMMANDER VERIFYING OFFICIAL</b>		<b>c. DATE (YYYYMMDD)</b>	
a. TYPE OR PRINT NAME CEILING, WILLIAM G.	b. SIGNATURE <i>William G. Ceiling</i>	c. DATE (YYYYMMDD) 20090903	
Security Briefing/Debriefing	APFT	Security Clearance	
Weapons Qualification	Training Records	Antiterrorism Briefing	
Training Room	PERSTEMPO Verification Sheet		

<b>16. BN S4/UNIT COMMANDER VERIFYING OFFICIAL</b>		<b>c. DATE (YYYYMMDD)</b>	
a. TYPE OR PRINT NAME HOPPER, CECIL K.	b. SIGNATURE <i>Cecil K. Hopper</i>	c. DATE (YYYYMMDD) 20090906	
Supply Room	NBC Room	Motor Pool	
Arms Room	Protective Mask Inserts		

<b>17. OTHER</b>		<b>d. DATE (YYYYMMDD)</b>	
a. OTHER CLEARANCES	b. TYPE OR PRINT NAME	c. SIGNATURE	d. DATE (YYYYMMDD)
Career Counselor			

**18. REMARKS**

**19. SOLDIER'S AUTHENTICATION**

a. TYPE OR PRINT NAME PRINGLES, CHRISTY J.	b. DATE (YYYYMMDD) 20090908
b. SIGNATURE <i>Christy J. Pringles</i>	

**20. COMMANDER/BN S1 AUTHENTICATING OFFICIAL**

a. TYPE OR PRINT NAME NESWICK, ROGER W.	c. DATE (YYYYMMDD) 20090908
b. SIGNATURE <i>Roger W. Neswick</i>	