



1. Complete first two lines of form and print a copy.
2. Click SUBMIT button at right and follow steps for submitting for e-mail approval.

3. Obtain actual signatures on printed copy where required.
4. Take completed form to the STR/TOR (Item 7)

## SUBCONTRACTOR PERSONNEL EXIT CHECKLIST

Subcontractor personnel must complete this Checklist, following the steps and directions as indicated. *In special cases, where the subcontract personnel are not available, the STR/TOR is responsible for ensuring that this checklist is completed.*

NAME: Last	First	Middle	BADGE NO.:	EFFECTIVE DATE:	<input type="checkbox"/> Terminate Site Access <input type="checkbox"/> Retain Site Access (Explain in section below)
SUBCONTRACT NUMBER / PO NUMBER:				SUBCONTRACTOR TECHNICAL REPRESENTATIVE / TASK ORDER REPRESENTATIVE:	
SUBCONTRACTOR COMPANY NAME: (COMPANY HOLDING CONTRACT WITH CNS)					
SUBCONTRACT ADMINISTRATOR:					
BADGE RETENTION EXPLANATION: (MUST BE APPROVED BY SECURITY)					

**Email or signature approval is required for items 1 through 6 and may be completed in any order.**

Item No.	Department	Area To Be Processed	Approvers For each item listed, print and attach email approval from one of the Approvers below.	Contact Phone No(s).	Email Approval Attached	Approval Signature Required <i>only</i> if email approval is not obtained
1	Supply Chain Management	STR Program	CUR B. Curtis	576-7947	<input type="checkbox"/>	
2a	Radiological Control	Internal Dosimetry –Bioassay <i>Please contact Dosimetry as soon as possible prior to termination for final bioassay exit requirements.</i>	AUT A. Campbell LS7 L. Oxley K88 K. Lamb L8Q L. Snapp 4DP D. Pacheco	574-1702 576-5039 574-3536 576-4567 241-0593	<input type="checkbox"/>	
2b	Radiological Control	External Dosimetry - TLD Distribution <i>Contact External Dosimetry to arrange to return all blue TLDs or green PNADs.</i>	AUT A. Campbell LS7 L. Oxley K88 K. Lamb L8Q L. Snapp 4DP D. Pacheco	574-1702 576-5039 574-3536 576-4567 241-0593	<input type="checkbox"/>	
3	Records/Document Management	Records Storage/Technical Notebooks Accountable Records/Library Materials Versatile/ERMS YCATS  Forms Management Controlled Matter	Record Center Contact Versatile CATs Forms SAPDMS WM3 P. Moore HA8 J. Harris	574-6990 574-9242 574-0098 574-4133  574-4133 576-7234	<input type="checkbox"/>	
4	Corporate Information Office	Pagers, Cellular Telephones, Radio's & SecurIDs	WJ7 J. Cooper EXT D. Freeman	241-9501 576-6593	<input type="checkbox"/>	
5	Repository Office	Repositories & Combination Requests	6ZB M. Baird E4B E. Bourne 8J5 J Hancock JPL J. Keith JL8 J. West	576-1505 574-3099 241-9548 574-9688 576-4518	<input type="checkbox"/>	
6	Property Management and Precious Metals	Property transfer must be completed in PATS before approved.	1PD P. Davis P2R P. Rodriguez NA8 N. Ammons	574-3973 576-1452 241-9194	<input type="checkbox"/>	

7	<b>SUBCONTRACTOR PERSONNEL <u>Y-12</u> ORGANIZATION</b> THE ABOVE-NAMED SUBCONTRACTOR PERSONNEL HAS BEEN CLEARED OF ALL PROPERTY, AS APPROPRIATE. <b>THE SIGNATURE BELOW INDICATES THAT THE STR/TOR HAS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> APPROVED FINAL TIMECARD</li> <li><input type="checkbox"/> INSTRUCTED HRC TO INITIATE TERMINATION IN SAP</li> <li><input type="checkbox"/> RECOVERED ALL PASSWORDS AS NEEDED (I.E. boot-up, spreadsheets, voicemail)</li> <li><input type="checkbox"/> REVOKED COMPUTER ACCESS IN ALL SYSTEMS</li> <li><input type="checkbox"/> TAKEN POSSESSION OF ORGANIZATION ASSIGNED, NON-PRISM PROPERTY (I.E. keys, records, spreadsheets, files, proximity cards, etc.)</li> </ul>		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">SIGNATURE APPROVAL (STR/TOR)</td> <td style="width: 30%; border: none;">DATE</td> </tr> </table>	SIGNATURE APPROVAL (STR/TOR)	DATE
SIGNATURE APPROVAL (STR/TOR)	DATE		

8	<b>STR (Subcontract Technical Representative) / TOR (Task Order Representative)</b> <b>THIS SIGNATURE INDICATES THAT THE STR/TOR HAS VERIFIED THAT ALL ITEMS (1 THRU 6) ON THIS CHECKLIST WERE COMPLETED BEFORE SENDING PERSONNEL TO SECURITY. STR/TOR SHOULD KEEP A COPY OF THIS FORM FOR THEIR FILES AND SEND THE ORIGINAL TO SECURITY.</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">"Q" or "L" SECURITY BADGE OBTAINED</td> <td style="width: 5%; border: none;"><input type="checkbox"/></td> <td style="width: 10%; border: none;">YES</td> <td style="width: 5%; border: none;"><input type="checkbox"/></td> <td style="width: 10%; border: none;">NO</td> </tr> <tr> <td style="border: none;">UNCLEARED SECURITY BADGE OBTAINED</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">YES</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">NO</td> </tr> </table>	"Q" or "L" SECURITY BADGE OBTAINED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	UNCLEARED SECURITY BADGE OBTAINED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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UNCLEARED SECURITY BADGE OBTAINED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO								
	<b>SECURITY – NEW HOPE CENTER – TELEPHONE: (865) 576-6926</b> <b>All subcontractor personnel must return security badge to Security.</b> All subcontractor personnel holding a clearance (L or Q) are required to complete a formal exit security debriefing. <b>SECURITY – PLEASE FORWARD COMPLETED ORIGINAL TO SUBCONTRACT ADMINISTRATOR SHOWN ABOVE</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">SIGNATURE APPROVAL (Security Representative)</td> <td style="width: 30%; border: none;">DATE</td> </tr> </table>	SIGNATURE APPROVAL (Security Representative)	DATE								
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