

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 (Item 11).

B&W Y-12 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 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				SUBCONTRACTOR TECHNICAL REPRESENTATIVE	
SUBCONTRACTOR COMPANY NAME (COMPANY HOLDING CONTRACT WITH Y-12)					
SUBCONTRACT ADMINISTRATOR					
BADGE RETENTION EXPLANATION (MUST BE APPROVED BY SECURITY)					

Email or signature approval is required for items 1 through 9 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	Procurement	STR Program	S4O M. Reeves	241-3671	<input type="checkbox"/>	
2	Travel Settlements	Travel Settlements	L98 L. Lambert ESU S. Eason	574-5700	<input type="checkbox"/>	
3a	Radiological Control	Internal Dosimetry –Bioassay <i>Please contact Dosimetry as soon as possible prior to termination for final bioassay exit requirements.</i>	K4B K. Bailey TC2 T. Crawford	576-4566	<input type="checkbox"/>	
			L8Q L. Snapp 4DP D. Pacheco	576-4567 241-6990 241-0593		
3b	Radiological Control	External Dosimetry - TLD Distribution <i>Contact External Dosimetry to arrange to return all blue TLDs or green PNADs.</i>	2V8 R. Jordan LS7 L. Oxley KGS K. Smith AUT A. Campbell SUO M. Souleyrette	574-3542 574-3536 241-4467 576-5039 574-1702	<input type="checkbox"/>	
4a	Records/Document Management	Accountable/Controlled Matter/Records	Record Center Contact	241-4565	<input type="checkbox"/>	
4b	Records/Document Management	ACREM - Accountable Classified Removable Electronic Media	PJS J. Spencer WM3 P. Moore	574-0099	<input type="checkbox"/>	
5	Library	Library Materials	ruppemi@ornl.gov M. Ruppe dickeymw@ornl.gov M. Dickey	574-6744	<input type="checkbox"/>	
6	Corporate Information Office	Pagers, Cellular Telephones & SecurIDs	WJ7 J. Cooper ZBB J. Bradshaw	241-9501	<input type="checkbox"/>	
7	Knowledge Preservation Program	Knowledge Preservation Review	XKR K. Finney U9C J. Crociata	574-1736	<input type="checkbox"/>	
8	Repository Office	Repositories & Combination Requests	SKB B. Crawford ZRP (Repository)	576-2842	<input type="checkbox"/>	
9	Property Management and Precious Metals	Property transfer must be completed in PATS before approved.	HC7 D. James P2R P. Rodriguez 1PD P. Davis	241-9805 574-3973 576-1452	<input type="checkbox"/>	

Signature approval is required for Items 10 through 12 and must be completed in order shown.

10	SUBCONTRACTOR PERSONNEL Y-12 ORGANIZATION THE ABOVE-NAMED SUBCONTRACTOR PERSONNEL HAS BEEN CLEARED OF ALL PROPERTY, AS APPROPRIATE. THE SIGNATURE BELOW INDICATES THAT THE MANAGEMENT REPRESENTATIVE HAS: <input type="checkbox"/> APPROVED FINAL TIMECARD <input type="checkbox"/> INSTRUCTED HRC TO INITIATE TERMINATION IN SAP <input type="checkbox"/> RECOVERED ALL PASSWORDS AS NEEDED (I.E. boot-up, spreadsheets, voicemail) <input type="checkbox"/> REVOKED COMPUTER ACCESS IN ALL SYSTEMS <input type="checkbox"/> TAKEN POSSESSION OF ORGANIZATION ASSIGNED, NON-PRISM PROPERTY (I.E. keys, records, spreadsheets, files, proximity cards, etc.)	
	SIGNATURE APPROVAL (Line Manager/Supervisor)	DATE
	SIGNATURE (Terminating Subcontractor Personnel)	
	DATE	
11	STR (Subcontract Technical Representative) THIS SIGNATURE INDICATES THAT THE STR HAS VERIFIED THAT ALL ITEMS (1 THRU 11) ON THIS CHECKLIST WERE COMPLETED BEFORE SENDING PERSONNEL TO SECURITY. STR SHOULD KEEP A COPY OF THIS FORM FOR THEIR FILES AND SEND THE ORIGINAL TO SECURITY.	THE ABOVE-NAMED SUBCONTRACTOR PERSONNEL HAS BEEN CLEARED OF ALL PROPERTY, AS APPROPRIATE. SIGNATURE APPROVAL (STR)
		DATE
12	SECURITY – NEW HOPE CENTER – TELEPHONE 576-6926 All subcontractor personnel must return security badge to Security. All subcontractor personnel holding a clearance (L or Q) are required to complete a formal exit security debriefing. Exit Briefing Hours are: Monday–Thursday 7:00 am to 9:00 am and 1:00 pm to 3:00 pm. SECURITY – PLEASE FORWARD COMPLETED ORIGINAL TO SUBCONTRACT ADMINISTRATOR SHOWN ABOVE	“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 SIGNATURE APPROVAL (Security Representative)
		DATE