

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 9).

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 8 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	KMF K. McMillan	574-2518	<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>	K4B K. Bailey TC2 T. Crawford L8Q L. Snapp 4DP D. Pacheco	576-4566 576-4567 241-6990 241-0593	<input type="checkbox"/>	
			AUT A. Campbell LS7 L. Oxley 2V8 R. Jordan KGS K. Smith E3A A. Evans SUO M. Souleyrette	574-1702 574-3542 241-9480 576-5039 574-3536 241-4467	<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>			<input type="checkbox"/>	
3	Records/Document Management	Accountable/Controlled Matter/Records	JCU J. Corpening GH4 G. Davis AKC A. Keylon WD4 D. Willett	241-4565 576-2966 576-6128 241-4561	<input type="checkbox"/>	
4	Library	Library Materials	3FX J. Stewart ZQ2 K. Rosenberger	574-6871 576-4093	<input type="checkbox"/>	
5	Corporate Information Office	Pagers, Cellular Telephones, Radio's & SecurIDs	WJ7 J. Cooper ZBB J. Bradshaw	241-9501	<input type="checkbox"/>	
6	Repository Office	Repositories & Combination Requests	6ZB M. Baird SKB B. Crawford 10F M. Lee PAC A. Pace A1T A. Tapp	576-1505 576-2842 241-4245 241-6517 576-4518	<input type="checkbox"/>	
7	Property Management and Precious Metals	Property transfer must be completed in PATS before approved.	HC7 D. Cooper P2R P. Rodriguez 1PD P. Davis	241-9805 574-3973 576-1452	<input type="checkbox"/>	
8	HRP	Human Reliability Program	4XQ M. Doughty HSL S. Hughes DLP D. Patterson	241-3088 241-5788 574-3288	<input type="checkbox"/>	

9 **SUBCONTRACTOR PERSONNEL Y-12 ORGANIZATION**
 THE ABOVE-NAMED SUBCONTRACTOR PERSONNEL HAS BEEN CLEARED OF ALL PROPERTY, AS APPROPRIATE. **THE SIGNATURE BELOW INDICATES THAT THE STR HAS:**

APPROVED FINAL TIMECARD
 INSTRUCTED HRC TO INITIATE TERMINATION IN SAP
 RECOVERED ALL PASSWORDS AS NEEDED (I.E. boot-up, spreadsheets, voicemail)
 REVOKED COMPUTER ACCESS IN ALL SYSTEMS
 TAKEN POSSESSION OF ORGANIZATION ASSIGNED, NON-PRISM PROPERTY (I.E. keys, records, spreadsheets, files, proximity cards, etc.)

SIGNATURE APPROVAL (STR)	DATE
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STR (Subcontract Technical Representative)
THIS SIGNATURE INDICATES THAT THE STR HAS VERIFIED THAT ALL ITEMS (1 THRU 8) 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.

10 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. 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 _____
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