		For use c	of this fo	UNIT CLEARANC m, see AR 600-8-101;			S, G1				
			DATA	REQUIRED BY THE PR		T OF 1974					
PRINCIPAL PURPOSE: To	Section 301, Title 5, USC. To ensure soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation,										
ROUTINE USES: To pa	discharge, or retirement. 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 DoD sponsored agencies.										
DISCLOSURE: Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.											
You are responsible for ens you receiving only 55 perce Separation payments will n TO THE UNIT COMMANDE	suring tha ent of you ot be rele ER/BN S1:	This out-processing packet is de t this checklist is completed pro ur final pay pending verification eased until installation clearance this soldier is scheduled to PC	operly. If by DFAS is comp CS or tra	you are transitioning f of any outstanding de leted. nsition from the Active	rom the Ac bts. This c Army. We	tive Army, failure hecklist must be c need your assista	to complete this che completed before you ance to ensure proper	cklist correctly r final military installation cl	v and entirely will result in pay appointment.		
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.											
	SE	CTION A - PERSONNEL DATA	(To be c	ompleted by the comm	ander, BNS	1, out-processing	center, or appointed	official)			
1. NAME				2. RANK	3. SSN		4. ORDERS NO.				
5. GAINING UNIT				6. LOSING UNIT				7. DATE OF ORDERS (YYYYMMDD)			
8. REASON FOR CLEARING PCS ETS RETIREMENT OTHER (Specify)								9. DEPARTURE DATE (YYYYMMDD)			
			0,000,000,000	SECTION B - DEBT V	ERIFICATIO	ONS					
10. DUTY STATUS Indicate all leave, TDY,		a. b. LOG		G NUMBER OR ORDER NUMBER (When Applicable)		c. START DATE (YYYYMMDD)		d. RETURN DATE <i>(YYYYMMDD)</i>			
hospitalization, field duty, lost time, AWOL, and confinement within 60 days prior to											
issuance of the clearanc forms.	:e										
SECTION C - ADVERSE ACTIONS											
11. ADVERSE ACTIONS				ATE OF SOURCE C. MENT (YYYYMMDD)		PUNISHMENT	-	TIVE DATE YMMDD)	e. COMPLETION DATE (YYYYMMDD)		
All that have occurred w 60 days prior to issuanc	e of										
clearance forms. Include UCMJ actions, courts m	nartial,										
administrative reductions administrative discharge											

SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS												
12. PROPERTY ACCOUNTABILITY												
12a. STATEMENT OF CHARGES/ CASH COLLECTION VOUCHER	12b. DATE OF SOURCE DOCUMEN (YYYYMMDD)				12d. DISPOSITION							
REPORT OF SURVEY	12c. AMOUNT											
13. PAY ITEMS (Check all that apply)	1:			13a. INCE	NTIVE PAY (Specify Type)	13b.						
BAS BAH COLA OHA	FSA IDP CPP			AP			T BONUS REENLISTMENT BONUS					
OTHER (Specify)												
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.												
14. BN S1/UNIT COMMANDER VERIFYING OFFICIAL												
a. TYPE OR PRINT NAME			b. SIGNATUR	E		c. DATE (YYYYMMDD)						
DA Form 31		Family Care Plar	1		PROFIS Duty Position		TRICARE Dental Program					
Meal Card		DD Form 2648			Duty Roster		Exceptional Family Member Program					
Line of Duty Investigation		DOD Travel Cha	rge Card		Physical Profile							
Unit Items	Flagged				Personnel Register							
Evaluation Reports	Weight Control Program				Change of Address Form							
15. BN S2/3/UNIT COMMANDER VERIFYING	OFFICI/	AL	_									
a. TYPE OR PRINT NAME	b. SIGNATURE				c. D	ATE (YYYYMMDD)						
Security Briefing/Debriefing	APFT				Security Clearance							
Weapons Qualification	Training Records				Antiterrorism Briefing							
Training Room	PERSTEMPO Verification Sheet											
16. BN S4/UNIT COMMANDER VERIFYING O	FFICIAL					i						
a. TYPE OR PRINT NAME		b. SIGNATURE				ATE (YYYYMMDD)						
Supply Room		NBC Room	1		Motor Pool							
Arms Room	Protective Mask Inserts											
17. OTHER												
a. OTHER CLEARANCES		b. TYPE OI	R PRINT NAME		c. SIGNATU	JRE	d. DATE (YYYYMMDD)					
Career Counselor												
18. REMARKS												
19. SOLDIER'S AUTHENTICATION												
a. TYPE OR PRINT NAME				TURE		b. DATE (YYYYMMDD)						
20. COMMANDER/BN S1 AUTHENTICATING OFFICIAL												
a. TYPE OR PRINT NAME				ATURE		c. DATE (YYYYMMDD)						
			1									