

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 DoD 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	2. RANK	3. SSN	4. ORDERS NO.
5. GAINING UNIT	6. LOSING UNIT		7. DATE OF ORDERS (YYYYMMDD)
8. REASON FOR CLEARING <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER <i>(Specify)</i>			9. DEPARTURE DATE (YYYYMMDD)

SECTION B - DEBT VERIFICATIONS

10. DUTY STATUS	a. TYPE OF ABSENCE	b. LOG NUMBER OR ORDER NUMBER <i>(When Applicable)</i>	c. START DATE (YYYYMMDD)	d. RETURN DATE (YYYYMMDD)
<i>Indicate all leave, TDY, hospitalization, field duty, lost time, AWOL, and confinement within 60 days prior to issuance of the clearance forms.</i>				

SECTION C - ADVERSE ACTIONS

11. ADVERSE ACTIONS	a. TYPE OF ACTION	b. DATE OF SOURCE DOCUMENT (YYYYMMDD)	c. PUNISHMENT	d. EFFECTIVE DATE (YYYYMMDD)	e. COMPLETION DATE (YYYYMMDD)
<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>					

SECTION D - PROPERTY ACCOUNTABILITY AND PAY ITEMS

12. PROPERTY ACCOUNTABILITY

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

14. BN S1/UNIT COMMANDER VERIFYING OFFICIAL

a. TYPE OR PRINT NAME	b. SIGNATURE	c. DATE (YYYYMMDD)																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DA Form 31</td> <td style="width:25%;">Family Care Plan</td> <td style="width:25%;">PROFIS Duty Position</td> <td style="width:25%;">TRICARE Dental Program</td> </tr> <tr> <td>Meal Card</td> <td>DD Form 2648</td> <td>Duty Roster</td> <td>Exceptional Family Member Program</td> </tr> <tr> <td>Line of Duty Investigation</td> <td>DOD Travel Charge Card</td> <td>Physical Profile</td> <td></td> </tr> <tr> <td>Unit Items</td> <td>Flagged</td> <td>Personnel Register</td> <td></td> </tr> <tr> <td>Evaluation Reports</td> <td>Weight Control Program</td> <td>Change of Address Form</td> <td></td> </tr> </table>	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			
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15. BN S2/3/UNIT COMMANDER VERIFYING OFFICIAL

a. TYPE OR PRINT NAME	b. SIGNATURE	c. DATE (YYYYMMDD)												
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16. BN S4/UNIT COMMANDER VERIFYING OFFICIAL

a. TYPE OR PRINT NAME	b. SIGNATURE	c. DATE (YYYYMMDD)								
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17. OTHER

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	b. SIGNATURE	b. DATE (YYYYMMDD)
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20. COMMANDER/BN S1 AUTHENTICATING OFFICIAL

a. TYPE OR PRINT NAME	b. SIGNATURE	c. DATE (YYYYMMDD)
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