FOIA Number: 2012-0769-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: Council on Environmental Quality

Series/Staff Member: Kathleen (Katie) McGinty

Subseries: [correspondence]

OA/ID Number: 2257

FolderID:

Folder Title:
Administrative: Personnel Forms

Stack:	Row:	Section:	Shelf:	Position:
S	61	5	3	2

Personal forms (esp.)

PHOTOCOPY PRESERVATION

January 26, 1994

MEMORANDUM

TO: CATHY AND MATT

FROM: KURT

SUBJECT: PERSONELL HIRING PROCEEDURES

Outlined below are proceedures for bring people on board and also to release staff (and detailees). **The hiring proceedures must be followed and all paperwork must be turn in before the new employee comes to work.**

HIRING FULL TIME WHITE HOUSE STAFF

- ***Pre-emplyment* form:** Before offering a position or reaching closure on salary a pre-employment form must be sent to OA for their approval. **Key infromation needed: Proposed Salary and signature from Katie.**

- **Drug Testing:** All new employees must be drug tested **before** coming to work. After OA approves the pre-employment form, the person needs to sign a *Authorization for drug testing* form. OA will make an appointment and contact the person.

- ***Blue form:*** The new employee should complete a *blue form* as soon as possible so personel securtiy has enough lead time to get them on the access list before they arrive to work.

- *SF86* **(FBI BACK GROUND CHECK FORMS):** The new empployee must also complete the *SF86* before arriving to work.

RECIEVING AGENCY PERSONNELL

- For detailees and agency representatives OA needs a *Personell from Other Agencies* form.

- Andrea has sent me some stuff but on this but it never showed up.

EXECUTIVE OFFICE OF THE PRESIDENT

EMPLOYEE CLEARANCE CHECKLIST

Name of Employee:	Date of Separation:
Organization:	Room Number:

INSTRUCTIONS

This clearance checklist must be completed prior to your departure from your organization. It is necessary for you to check with each unit listed on the form, with the Security Office being the final stop.

SUPERVISOR

Ensure that any equipment and keys issued to you are accounted for; SF-52 (Request for Personnel Action) is completed.

Date:	Signature:

EOP LIBRARIES

Be sure all library materials checked out have been returned.

NEOB Room G-102, x3654 or OEOB Room 308, x7000	Signature and Date:

WHITE HOUSE ATHLETIC CENTER

NEOB Room 2008, x5688	Signature and Date:

HEALTH UNIT (S)

Be sure to close out medical records or pick them up to take to your forwarding agency.

NEOB Room 6101, x5064	Signature and Date:
OEOB Room 107, x6024	Signature and Date:

ADMINISTRATIVE OPERATIONS DIVISION

Ensure that any equipment issued to you is accounted for on the records.

OEOB Room 082, x2622	Signature and Date:

OFFICIAL OR DIPLOMATIC PASSPORT

OEOB Room 87, x2250	Signature and Date:
Winder Bldg. Room 122A, x5123	Signature and Date:

WHITE HOUSE COMMUNICATIONS AGENCY

Ensure that any equipment issued to you is accounted for on the records.

OEOB Room 593, x1234	Signature and Date:

Continue on Reverse

FINANCIAL MANAGEMENT DIVISION TRAVEL UNIT

Any travel advances received by you must be cleared before receipt of your final check.
Be sure that all travel vouchers have been submitted and that your travel account is clear.

NEOB Room 4005, x7244	Signature and Date:

INFORMATION RESOURCES MANAGEMENT DIVISION

Have your I.D. Password and your account number deactivated or transferred to your successor.
Also, return all computer equipment issued to you.

Client Services Desk: NEOB Room 5116E, x7370	Signature and Date:

PARKING PERMIT

Return parking permit to your agency parking coordinator.

OMB ONLY: NEOB Room 9026, x7250	Signature and Date:
OA ONLY: Room 5001, x7100	Signature and Date:
USTR ONLY: Winder Bldg. Room 123, x5123	Signature and Date:

US SECRET SERVICE PASS SECTION

Turn in building passes.

OEOB Room 23, x4259	Signature and Date:

PERSONNEL MANAGEMENT DIVISION

Provide address to send final check; annual and sick leave balances are checked. Check for completion of this checklist and ensure that necessary forms and personnel actions have been completed.

NEOB Room 4013, x5890	Signature and Date:

SECURITY OFFICER

Final Stop. Turn in Identification card.

NEOB Room 4026-L, x6206	Signature and Date:

REMARKS

STATEMENT BY OUTGOING EMPLOYEE

I CERTIFY THAT I HAVE TURNED OVER TO MY SUCCESSOR, OR TO THE APPROPRIATE OFFICIAL, ALL CLASSIFIED MATERIAL FOR WHICH I WAS RESPONSIBLE DURING MY EMPLOYMENT. NO CLASSIFIED MATERIAL HAS BEEN RETAINED IN MY CUSTODY. I AM COGNIZANT OF MY RESPONSIBILITIES FOR THE CONTINUED PROTECTION OF CLASSIFIED INFORMATION GAINED BY ME IN CONNECTION WITH MY EMPLOYMENT, AND I AM AWARE THAT THE UNAUTHORIZED DISCLOSURE OF SUCH INFORMATION IS PUNISHABLE BY FEDERAL LAW.

Signature:	Date:

EXECUTIVE OFFICE OF THE PRESIDENT

EMPLOYEE CLEARANCE CHECKLIST

Name of Employee:	Date of Separation:
Organization:	Room Number:

INSTRUCTIONS

This clearance checklist must be completed prior to your departure from your organization. It is necessary for you to check with each unit listed on the form, with the Security Office being the final stop.

SUPERVISOR

Ensure that any equipment and keys issued to you are accounted for; SF-52 (Request for Personnel Action) is completed.

Date:	Signature:

EOP LIBRARIES

Be sure all library materials checked out have been returned.

NEOB Room G-102, x3654 or OEOB Room 308, x7000	Signature and Date:

WHITE HOUSE ATHLETIC CENTER

NEOB Room 2008, x5688	Signature and Date:

HEALTH UNIT (S)

Be sure to close out medical records or pick them up to take to your forwarding agency.

NEOB Room 6101, x5064	Signature and Date:
OEOB Room 107, x6024	Signature and Date:

ADMINISTRATIVE OPERATIONS DIVISION

Ensure that any equipment issued to you is accounted for on the records.

OEOB Room 082, x2622	Signature and Date:

OFFICIAL OR DIPLOMATIC PASSPORT

OEOB Room 87, x2250	Signature and Date:
Winder Bldg. Room 122A, x5123	Signature and Date:

WHITE HOUSE COMMUNICATIONS AGENCY

Ensure that any equipment issued to you is accounted for on the records.

OEOB Room 593, x1234	Signature and Date:

Continue on Reverse

FINANCIAL MANAGEMENT DIVISION TRAVEL UNIT

Any travel advances received by you must be cleared before receipt of your final check.
Be sure that all travel vouchers have been submitted and that your travel account is clear.

NEOB Room 4005, x7244	Signature and Date:

INFORMATION RESOURCES MANAGEMENT DIVISION

Have your I.D. Password and your account number deactivated or transferred to your successor.
Also, return all computer equipment issued to you.

Client Services Desk: NEOB Room 5116E, x7370	Signature and Date:

PARKING PERMIT

Return parking permit to your agency parking coordinator.

OMB ONLY: NEOB Room 9026, x7250	Signature and Date:
OA ONLY: Room 5001, x7100	Signature and Date:
USTR ONLY: Winder Bldg. Room 123, x5123	Signature and Date:

US SECRET SERVICE PASS SECTION

Turn in building passes.

OEOB Room 23, x4259	Signature and Date:

PERSONNEL MANAGEMENT DIVISION

Provide address to send final check; annual and sick leave balances are checked. Check for completion of this checklist and ensure that necessary forms and personnel actions have been completed.

NEOB Room 4013, x5890	Signature and Date:

SECURITY OFFICER

Final Stop. Turn in Identification card.

NEOB Room 4026-L, x6206	Signature and Date:

REMARKS

STATEMENT BY OUTGOING EMPLOYEE

I CERTIFY THAT I HAVE TURNED OVER TO MY SUCCESSOR, OR TO THE APPROPRIATE OFFICIAL, ALL CLASSIFIED MATERIAL FOR WHICH I WAS RESPONSIBLE DURING MY EMPLOYMENT. NO CLASSIFIED MATERIAL HAS BEEN RETAINED IN MY CUSTODY. I AM COGNIZANT OF MY RESPONSIBILITIES FOR THE CONTINUED PROTECTION OF CLASSIFIED INFORMATION GAINED BY ME IN CONNECTION WITH MY EMPLOYMENT, AND I AM AWARE THAT THE UNAUTHORIZED DISCLOSURE OF SUCH INFORMATION IS PUNISHABLE BY FEDERAL LAW.

Signature:	Date:

EXECUTIVE OFFICE OF THE PRESIDENT

EMPLOYEE CLEARANCE CHECKLIST

Name of Employee:	Date of Separation:
Organization:	Room Number:

INSTRUCTIONS

This clearance checklist must be completed prior to your departure from your organization. It is necessary for you to check with each unit listed on the form, with the Security Office being the final stop.

SUPERVISOR

Ensure that any equipment and keys issued to you are accounted for; SF-52 (Request for Personnel Action) is completed.

Date:	Signature:

EOP LIBRARIES

Be sure all library materials checked out have been returned.

NEOB Room G-102, x3654 or OEOB Room 308, x7000	Signature and Date:

WHITE HOUSE ATHLETIC CENTER

NEOB Room 2008, x5688	Signature and Date:

HEALTH UNIT (S)

Be sure to close out medical records or pick them up to take to your forwarding agency.

NEOB Room 6101, x5064	Signature and Date:
OEOB Room 107, x6024	Signature and Date:

ADMINISTRATIVE OPERATIONS DIVISION

Ensure that any equipment issued to you is accounted for on the records.

OEOB Room 082, x2622	Signature and Date:

OFFICIAL OR DIPLOMATIC PASSPORT

OEOB Room 87, x2250	Signature and Date:
Winder Bldg. Room 122A, x5123	Signature and Date:

WHITE HOUSE COMMUNICATIONS AGENCY

Ensure that any equipment issued to you is accounted for on the records.

OEOB Room 593, x1234	Signature and Date:

Continue on Reverse

FINANCIAL MANAGEMENT DIVISION TRAVEL UNIT

Any travel advances received by you must be cleared before receipt of your final check.
Be sure that all travel vouchers have been submitted and that your travel account is clear.

NEOB Room 4005, x7244	Signature and Date:

INFORMATION RESOURCES MANAGEMENT DIVISION

Have your I.D. Password and your account number deactivated or transferred to your successor.
Also, return all computer equipment issued to you.

Client Services Desk: NEOB Room 5116E, x7370	Signature and Date:

PARKING PERMIT

Return parking permit to your agency parking coordinator.

OMB ONLY: NEOB Room 9026, x7250	Signature and Date:
OA ONLY: Room 5001, x7100	Signature and Date:
USTR ONLY: Winder Bldg. Room 123, x5123	Signature and Date:

US SECRET SERVICE PASS SECTION

Turn in building passes.

OEOB Room 23, x4259	Signature and Date:

PERSONNEL MANAGEMENT DIVISION

Provide address to send final check; annual and sick leave balances are checked. Check for completion of this checklist and ensure that necessary forms and personnel actions have been completed.

NEOB Room 4013, x5890	Signature and Date:

SECURITY OFFICER

Final Stop. Turn in Identification card.

NEOB Room 4026-L, x6206	Signature and Date:

REMARKS

STATEMENT BY OUTGOING EMPLOYEE

I CERTIFY THAT I HAVE TURNED OVER TO MY SUCCESSOR, OR TO THE APPROPRIATE OFFICIAL, ALL CLASSIFIED MATERIAL FOR WHICH I WAS RESPONSIBLE DURING MY EMPLOYMENT. NO CLASSIFIED MATERIAL HAS BEEN RETAINED IN MY CUSTODY. I AM COGNIZANT OF MY RESPONSIBILITIES FOR THE CONTINUED PROTECTION OF CLASSIFIED INFORMATION GAINED BY ME IN CONNECTION WITH MY EMPLOYMENT, AND I AM AWARE THAT THE UNAUTHORIZED DISCLOSURE OF SUCH INFORMATION IS PUNISHABLE BY FEDERAL LAW.

Signature:	Date:

THE WHITE HOUSE

SEPARATION ACTION

Name: _____
Last *First* *Middle Initial*

SSN: _____

X The Appropriate Box (s)

☐ Resignation
(state reason and effective date in space below)

☐ Transfer to another agency
(indicate effective date below and insert name of agency: _____ *)*

☐ Retirement
(Indicate effective date below)

_____ _____
Effective Date *Employee Signature*

Forwarding Address: _____

_____

_____

(If good for only a limited time, please indicate: _____*)*

Telephone Number: _____

Reason for Resignation: _____

_____

_____

_____

THE WHITE HOUSE
PRE-EMPLOYMENT INFORMATION

Name: _____
Last *First* *Middle Initial*

SSN: _____

Local Address: _____
Street *City* *State* *Zip*

Phone: _____ _____
Home *Work*

Department: _____ Requested By: _____

Position Title: _____ Salary: _____

Proposed Date of Employment: _____ Ending Date, *(If Possible)* _____

Work Schedule *(circle one)*:

Full Time *Part Time* *Intermittent*

APPROVALS

_____ _____
Assistant to the President *Office of Management and Administration*

_____ _____
Date *Date*

Upon approval or disapproval, return to:

_____
Name Room Ext.

THE WHITE HOUSE
PRE-EMPLOYMENT INFORMATION

Name: _____
Last *First* *Middle Initial*

SSN: _____

Local Address: _____
Street *City* *State* *Zip*

Phone: _____ _____
Home *Work*

Department: _____ Requested By: _____

Position Title: _____ Salary: _____

Proposed Date of Employment: _____ Ending Date, *(If Possible)* _____

Work Schedule *(circle one)*:

Full Time *Part Time* *Intermittent*

APPROVALS

_____ _____
Assistant to the President *Office of Management and Administration*

_____ _____
Date *Date*

Upon approval or disapproval, return to:

_____
Name Room Ext.

Appointment

Subject to Drug Testing

I hereby acknowledge that my appointment to a position in the Executive Office of the President (EOP) is subject to the applicant drug testing requirement as set forth in the EOP Drug-Free Workplace Plan. I also acknowledge that I am responsible to present myself for a drug test prior to my appointment at a place and time to be determined. Should it be determined, under the requirements of the Plan, that I have a verified positive test result for any of the prohibited drugs, I understand that my appointment will be terminated.

Date	*Signature*
Social Security Number	*Typed or Printed Name*
Agency	*Telephone Number*

Appointment

Subject to Drug Testing

I hereby acknowledge that my appointment to a position in the Executive Office of the President (EOP) is subject to the applicant drug testing requirement as set forth in the EOP Drug-Free Workplace Plan. I also acknowledge that I am responsible to present myself for a drug test prior to my appointment at a place and time to be determined. Should it be determined, under the requirements of the Plan, that I have a verified positive test result for any of the prohibited drugs, I understand that my appointment will be terminated.

Date	*Signature*
Social Security Number	*Typed or Printed Name*
Agency	*Telephone Number*

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION

PERSONNEL FROM OTHER AGENCIES

TO: PERSONNEL MANAGEMENT DIVISION ROOM 4013 NEOB	FROM: (Requesting Official)

THIS IS TO INFORM YOU THAT THE FOLLOWING INDIVIDUAL WILL BE PERFORMING DUTIES IN THE EOP COMPLEX

RECEIVING AGENCY:		PARENT AGENCY:
NAME: Last	First	Middle Initial
GRADE/STEP:	SALARY:	TYPE OF APPOINTMENT:
SOCIAL SECURITY NUMBER:		
BIRTHDATE:	BIRTHPLACE:	DATE OF APPOINTMENT:

PURPOSE/JUSTIFICATION OF EXTENSION (Describe project or duties):

TYPE:

- ☐ HISTORICALLY PROVIDED SERVICE
- ☐ WHITE HOUSE FELLOW
- ☐ AGENCY REPRESENTATIVE
- ☐ ASSIGNEE
- ☐ DETAILEE
- ☐ OTHER_____
- ☐ PRESIDENTIAL MANAGEMENT INTERN
- ☐ STUDENT VOLUNTEER

DRUG TESTING DESIGNATION:

☐ TDP ☐ Non-TDP

BEGINNING DATE (Mo/Day/Yr):	ENDING DATE (Mo/Day/Yr):
POSITION TITLE (At the EOP Complex):	BUILDING PASS IS REQUIRED FOR: ☐ WH ☐ OEOB ☐ NEOB
TYPE OF DETAIL (If applicable): ☐ Non-Reimbursable ☐ Reimbursable IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:	ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone):
EOP CONTACT PERSON (Name & Telephone):	
APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone):	
SIGNATURE OF EOP AGENCY APPROVING OFFICIAL:	DATE:

OA FORM
REV. DEC 19

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION

PERSONNEL FROM OTHER AGENCIES

TO: PERSONNEL MANAGEMENT DIVISION ROOM 4013 NEOB	FROM: (Requesting Official)

THIS IS TO INFORM YOU THAT THE FOLLOWING INDIVIDUAL WILL BE PERFORMING DUTIES IN THE EOP COMPLEX

RECEIVING AGENCY:		PARENT AGENCY:
NAME: Last	First	Middle Initial
GRADE/STEP:	SALARY:	TYPE OF APPOINTMENT:
SOCIAL SECURITY NUMBER:		
BIRTHDATE:	BIRTHPLACE:	DATE OF APPOINTMENT:

PURPOSE/JUSTIFICATION OF EXTENSION (Describe project or duties):

TYPE:

- ☐ HISTORICALLY PROVIDED SERVICE
- ☐ WHITE HOUSE FELLOW
- ☐ AGENCY REPRESENTATIVE
- ☐ ASSIGNEE
- ☐ DETAILEE
- ☐ OTHER_____
- ☐ PRESIDENTIAL MANAGEMENT INTERN
- ☐ STUDENT VOLUNTEER

DRUG TESTING DESIGNATION:

☐ TDP ☐ Non-TDP

BEGINNING DATE (Mo/Day/Yr):	ENDING DATE (Mo/Day/Yr):
POSITION TITLE (At the EOP Complex):	BUILDING PASS IS REQUIRED FOR: ☐ WH ☐ OEOB ☐ NEOB
TYPE OF DETAIL (If applicable): ☐ Non-Reimbursable ☐ Reimbursable IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:	ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone):
EOP CONTACT PERSON (Name & Telephone):	
APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone):	
SIGNATURE OF EOP AGENCY APPROVING OFFICIAL:	DATE:

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION

PERSONNEL FROM OTHER AGENCIES

TO: PERSONNEL MANAGEMENT DIVISION ROOM 4013 NEOB	FROM: (Requesting Official)

THIS IS TO INFORM YOU THAT THE FOLLOWING INDIVIDUAL WILL BE PERFORMING DUTIES IN THE EOP COMPLEX

RECEIVING AGENCY:		PARENT AGENCY:
NAME: Last	First	Middle Initial
GRADE/STEP:	SALARY:	TYPE OF APPOINTMENT:
SOCIAL SECURITY NUMBER:		
BIRTHDATE:	BIRTHPLACE:	DATE OF APPOINTMENT:

PURPOSE/JUSTIFICATION OF EXTENSION (Describe project or duties):

TYPE:

- ☐ HISTORICALLY PROVIDED SERVICE
- ☐ WHITE HOUSE FELLOW
- ☐ AGENCY REPRESENTATIVE
- ☐ ASSIGNEE
- ☐ DETAILEE
- ☐ OTHER_____
- ☐ PRESIDENTIAL MANAGEMENT INTERN
- ☐ STUDENT VOLUNTEER

DRUG TESTING DESIGNATION:

☐ TDP ☐ Non-TDP

BEGINNING DATE (Mo/Day/Yr):	ENDING DATE (Mo/Day/Yr):
POSITION TITLE (At the EOP Complex):	BUILDING PASS IS REQUIRED FOR: ☐ WH ☐ OEOB ☐ NEOB
TYPE OF DETAIL (If applicable): ☐ Non-Reimbursable ☐ Reimbursable IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:	ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone):
EOP CONTACT PERSON (Name & Telephone):	
APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone):	
SIGNATURE OF EOP AGENCY APPROVING OFFICIAL:	DATE:

THE WHITE HOUSE

SEPARATION ACTION

Name: _____
Last *First* *Middle Initial*

SSN: _____

X The Appropriate Box (s)

☐ Resignation
(state reason and effective date in space below)

☐ Transfer to another agency
(indicate effective date below and insert name of agency: _____ *)*

☐ Retirement
(Indicate effective date below)

_____ _____
Effective Date *Employee Signature*

Forwarding Address: _____

_____

_____

(If good for only a limited time, please indicate: _____*)*

Telephone Number: _____

Reason for Resignation: _____

_____

_____

_____