

# CHECK-OUT FORM

Revision as of 02-23--06

NAME: \_\_\_\_\_ COMMAND: \_\_\_\_\_  
SSN: \_\_\_\_\_ SEPARATION: \_\_\_\_\_

*Check-out with applicable office. #8 (HRO Operations Division Team C) applies to ALL employees including dependent hires. When completed on check-out, this form must be returned to HRO to be maintained on file for a period of 6 months. When checking-out, you may turn-in your identification card and those of your dependent(s) (if applicable) to HRO, who will forward them to Personnel Support Detachment (PERSUPPDET)*

<u>CHECK-OUT</u>	<u>ORGANIZATION</u>	<u>PHONE</u>	<u>BLDG</u>
_____1.	Personnel Support Detachment (PERSUPPDET)	243-7896	1555
_____2.	CNFJ Housing Office (Welcome Center)	243-9037	1441
_____3.	FISC Personal Property Division (Out Bound Section) (Household Goods)	243-7061	1848
_____4.	Post Office (Change of Address)	243-6711	1258
_____5.	Base Communication Office	243-5847	C-20
_____6.	Hospital (Outpatient Records)	243-5825	1400
_____7.	Security (De-registration of vehicle)	243-5011	1971
_____8.	Admin Officer (Employee Activity)		
_____9.	HRO Operations Division Team C (Code N131C) (See enclosure 1)	243-5725	1472
_____10.	LAST, HRO Operations Division Team C (Code N131C) (Turn-in ID Card, De-Sofa process)	243-5725	1472

## CHECK-OUT/FINAL CLEARANCE

Final base clearance will not be given until this completed form has been received by HRO.

## STATEMENT

I have returned all government property and have no outstanding debts or other such commitments to any government or other entity related by my stay in Japan. I understand processing of any of my records may be delayed, and I will be responsible to the U.S. Government for any such outstanding matter after my departure.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

**CHECK-OUT**

Name: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Command name: \_\_\_\_\_ Location: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicable for CONUS Hire Employees or LOCAL hire with CONUS Hire Benefits (Self Sponsor):

1. SF1190 (Foreign Allowances Application, Grant and Report)  
Due to the following:
  - a. To stop Post Allowance
  - b. Terminate LQA
  - c. TQSA Outbound
2. Instructions for Completing Standard Form SF1190
3. For Outbound Employees (regarding TQSA)
4. Statement of Expenses for TQSA
5. LQA termination (for off base only need to provide supporting documents such as; Statement of Release from Housing Office)

Applicable for LOCAL Hire Employees (Self Sponsor):

1. SF1190 (Foreign Allowances Application, Grant and Report)  
(To stop Post Allowance)
2. Instructions for Completing Standard Form SF1190
3. Effect of Extended Leave Without Pay (LWOP) (or other Nonpay Status) on Federal Benefits and Programs (*such as: Retirement Benefits, Health Benefits, Life Insurance, TSP, etc.*)

Applicable for Military Spouse and Family Member:

1. SF1190 (Foreign Allowances Application, Grant and Report)  
(To stop Post Allowance)
2. SF1190 (Instructions for Completing Standard Form SF1190)
3. Effect of Extended Leave Without Pay (LWOP) (or other Nonpay Status) on Federal Benefits and Programs (*such as: Retirement Benefits, Health Benefits, Life Insurance, TSP, etc.*)

If currently on LWOP need to provide the following:

Last day of work: \_\_\_\_\_ LWOP effective date: \_\_\_\_\_

Departure date from Japan: \_\_\_\_\_

Above documents need to be submitted to HRO via attached e-mail. Original documents must be sent to HRO.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE