United States Department of State
Washington, D.C.  20520

November 5, 2015

Case No. F-2015-05069
Segments:  HR-0001, S/ES-0001

Mr. Christopher C. Horner
Competitive Enterprise Institute
1899 L Street, NW, 12th Floor
Washington DC, 20036

Dear Mr. Horner:

In response to your request dated March 12, 2015, under the Freedom of Information Act (the “FOIA”), 5 U.S.C. § 552, we have initiated searches of the following Department of State record systems: the Bureau of Human Resources (“HR”) and the Office of the Executive Secretariat (“S/ES”).

The search of the HR records has been completed and resulted in the retrieval of three documents responsive to your request. After reviewing these documents, we have determined that all three may be released in part.

The search of the S/ES records has been completed and resulted in the retrieval of 43 documents responsive to your request. After reviewing these documents, we have determined that 3 may be released in full and 35 may be released in part.

An enclosure explains the FOIA exemptions and other grounds for withholding material. Where we have made excisions, the applicable exemptions are marked on each document. All non-exempt material that is reasonably segregable from the exempt material has been released. All released material is enclosed.

We will keep you informed as your case progresses. If you have any questions about this production, your attorney may contact James Todd, Senior Trial Attorney, at (202) 514-3378 or James.Todd@usdoj.gov. Please refer to the case
number, F-2015-05069, and the civil action number, 15-cv-00553, in all correspondence about this case.

Sincerely,

[Signature]

John F. Hackett, Director
Office of Information Programs and Services

Enclosures: As stated
The Freedom of Information Act (5 USC 552)

FOIA Exemptions

(b)(1) Information specifically authorized by an executive order to be kept secret in the interest of national defense or foreign policy. Executive Order 13526 includes the following classification categories:

1.4(a) Military plans, systems, or operations
1.4(b) Foreign government information
1.4(c) Intelligence activities, sources or methods, or cryptology
1.4(d) Foreign relations or foreign activities of the US, including confidential sources
1.4(e) Scientific, technological, or economic matters relating to national security, including defense against transnational terrorism
1.4(f) U.S. Government programs for safeguarding nuclear materials or facilities
1.4(g) Vulnerabilities or capabilities of systems, installations, infrastructures, projects, plans, or protection services relating to US national security, including defense against transnational terrorism
1.4(h) Weapons of mass destruction

(b)(2) Related solely to the internal personnel rules and practices of an agency

(b)(3) Specifically exempted from disclosure by statute (other than 5 USC 552), for example:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMSEXP</td>
<td>Arms Export Control Act, 50a USC 2411(c)</td>
</tr>
<tr>
<td>CIA PERS/ORG</td>
<td>Central Intelligence Agency Act of 1949, 50 USC 403(g)</td>
</tr>
<tr>
<td>EXPORT CONTROL</td>
<td>Export Administration Act of 1979, 50 USC App. Sec. 2411(c)</td>
</tr>
<tr>
<td>FS ACT</td>
<td>Foreign Service Act of 1980, 22 USC 4004</td>
</tr>
<tr>
<td>INA</td>
<td>Immigration and Nationality Act, 8 USC 1202(f), Sec. 222(f)</td>
</tr>
<tr>
<td>IRAN</td>
<td>Iran Claims Settlement Act, Public Law 99-99, Sec. 505</td>
</tr>
</tbody>
</table>

(b)(4) Trade secrets and confidential commercial or financial information

(b)(5) Interagency or intra-agency communications forming part of the deliberative process, attorney-client privilege, or attorney work product

(b)(6) Personal privacy information

(b)(7) Law enforcement information whose disclosure would:
(A) interfere with enforcement proceedings
(B) deprive a person of a fair trial
(C) constitute an unwarranted invasion of personal privacy
(D) disclose confidential sources
(E) disclose investigation techniques
(F) endanger life or physical safety of an individual

(b)(8) Prepared by or for a government agency regulating or supervising financial institutions

(b)(9) Geological and geophysical information and data, including maps, concerning wells

Other Grounds for Withholding

NR Material not responsive to a FOIA request excised with the agreement of the requester
NOTIFICATION OF PERSONNEL ACTION

<table>
<thead>
<tr>
<th>FIRST ACTION</th>
<th>SECOND ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-A Code: 312</td>
<td>6-A Code: Resignation-ILIA</td>
</tr>
<tr>
<td>5-C Code: RPM</td>
<td>6-C Code: Legal Authority</td>
</tr>
<tr>
<td>5-E Code: Legal Authority</td>
<td>6-E Code: Legal Authority</td>
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<table>
<thead>
<tr>
<th>FROM: Position Title and Number</th>
<th>TO: Position Title and Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary of State</td>
<td>Secretary of State</td>
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</table>

<table>
<thead>
<tr>
<th>EMPLOYEE DATA</th>
<th>POSITION DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 Veterans Preference</td>
<td>34 Position Supervised</td>
</tr>
<tr>
<td>1-None</td>
<td>1-Competitive Service</td>
</tr>
<tr>
<td>2-3 Points</td>
<td>2-Employed Service</td>
</tr>
<tr>
<td>3-10 Points/Disability</td>
<td>3-SES General</td>
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<tr>
<td>4-10 Points/Comparable</td>
<td>4-SES Career Reserved</td>
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<table>
<thead>
<tr>
<th>25 DoD Tenure</th>
<th>35 FLSA Category</th>
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</thead>
<tbody>
<tr>
<td>0 - None</td>
<td>E - Exempt</td>
</tr>
<tr>
<td>1 - Permanent</td>
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<table>
<thead>
<tr>
<th>26 Veterans Preference for RIF</th>
<th>36 Appropriation Code</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>0113.0-1097 1111 0000</td>
</tr>
<tr>
<td>X</td>
<td>8888</td>
</tr>
<tr>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

B6 NAME AND LOCATION OF POSITION'S ORGANIZATION:

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

DEPARTMENT OF STATE

DEPARTMENT OF STATE

Electronically signed by:

LINDA THOMAS-GREENFIELD

DIR GEN OF FS / DIR OF HR
### NOTIFICATION OF PERSONNEL ACTION

<table>
<thead>
<tr>
<th>First Action</th>
<th>Second Action</th>
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</thead>
<tbody>
<tr>
<td><strong>NAME</strong></td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>ABEDIN, HUMA M</td>
<td>PD: E10562 Position: E1056200</td>
</tr>
<tr>
<td><strong>5-A. Code</strong></td>
<td><strong>6-A. Code</strong></td>
</tr>
<tr>
<td>RESIGNATION-ILIA</td>
<td>Legal Authority</td>
</tr>
<tr>
<td>RPM</td>
<td>Reg 715.202. Resignation</td>
</tr>
<tr>
<td><strong>7. FROM</strong></td>
<td><strong>15 TO</strong></td>
</tr>
<tr>
<td>Position and Number</td>
<td>Position and Number</td>
</tr>
<tr>
<td>SENIOR ADVISOR</td>
<td>B6</td>
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<tr>
<td><strong>8. Pay Plan</strong></td>
<td><strong>16 Pay Plan</strong></td>
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<td>Position: E1056200</td>
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<tr>
<td>00130</td>
<td>PD</td>
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<tr>
<td>00130</td>
<td>PD</td>
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<tr>
<td><strong>12A. Basic Pay</strong></td>
<td><strong>26A. Basic Pay</strong></td>
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<td>$496.47</td>
<td>$496.47</td>
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<tr>
<td><strong>22. Name and Location of Position’s Organization</strong></td>
<td>REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer</td>
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#### OFFICE OF THE SECRETARY:

**EMPLOYEE DATA**

<table>
<thead>
<tr>
<th>24 Tenure</th>
<th>25 Date Tenure</th>
<th>26 Veterans Preference for RIF</th>
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</thead>
<tbody>
<tr>
<td>12</td>
<td></td>
<td>YES X NO</td>
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<table>
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<tr>
<th>27 FBIOL</th>
<th>28 Ammunition Indicator</th>
<th>29 Pay Rate Determination</th>
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<table>
<thead>
<tr>
<th>30 Retirement Plan</th>
<th>31 Service Comp Date (Leave)</th>
<th>32 Work Schedule</th>
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<tbody>
<tr>
<td></td>
<td>03-02-2001</td>
<td>1 Intermittent</td>
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#### POSITION DATA

<table>
<thead>
<tr>
<th>34 Position Title</th>
<th>35 FLSA Category</th>
<th>36 Appropriation Code</th>
<th>37 Bargaining Unit Status</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>38 Pay Grade Code</th>
<th>39 Deep Station (Copy Country State or Overseas Location)</th>
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<tbody>
<tr>
<td></td>
<td>WASHINGTON, DIST OF COLUMBIA</td>
</tr>
<tr>
<td></td>
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#### DEPARTMENT OF STATE

<table>
<thead>
<tr>
<th>41 WGI Date</th>
<th>42 Prem Shift</th>
<th>43 SR Processor</th>
<th>44 EMPID</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Comments

- **OFF MAINTAINED BY DEPT OF STATE. HR/EX/RIM, ROOM 804, SA-1, WASH, D.C. 20037-0000.**
- **SF 2819 WAS PROVIDED. LIFE INSURANCE COVERAGE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO CONVERT TO AN INDIVIDUAL POLICY (HOMGROUP CONTRACT).**
- **HEALTH BENEFITS COVERAGE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO CONVERT TO AN INDIVIDUAL POLICY (HOMGROUP CONTRACT). YOU ARE ALSO ELIGIBLE FOR TEMPORARY CONTINUATION OF YOUR FEHB COVERAGE FOR UP TO 18 MONTHS.**
- **INTERMITTENT EMPLOYMENT TOTaled 1389 HOURS IN WORK STATUS FROM 06/03/2012 TO 02/01/2013.**
- **SF-8 PROVIDED TO EMPLOYEE.**
- **NOT ENTITLED TO SEVERANCE PAY.**
- **LUMP-SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE.**
- **REASON FOR RESIGNATION: Resignation due to change in agency leadership. Resignation in lieu of involuntary separation. There is no misconduct in this case.**

#### Approval Date

<table>
<thead>
<tr>
<th>49 Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>02-15-2013</td>
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</table>

#### Signature/Authentication and Title of Approving Official

- **LINDA THOMAS-GREENFIELD**
- **DIR GEN OF FS/DIR OF HR**

---

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05826885 Date: 11/05/2015
# NOTIFICATION OF PERSONNEL ACTION

**REVIEW AUTHORITY:** Barbara Nielsen, Senior Reviewer

## EMPLOYEE DATA

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1 - None</td>
<td>0</td>
<td>0</td>
<td>YES</td>
</tr>
<tr>
<td>2 - Permanent</td>
<td>10</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>3 - Exempted</td>
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<tr>
<td>4 - Disables</td>
<td>0</td>
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</tr>
</tbody>
</table>

27. FTE/FT:

- 30. Retirement Plan:

- 31. Service Comm Date (Leave):

- 32. Work Schedule:

- 33. Part-Time Hours Per Workweek:

- 34. Pay Rate Determination:

## POSITION DATA

<table>
<thead>
<tr>
<th>34. Position Description</th>
<th>35. FLSA Category</th>
<th>36. Appropriations Code</th>
<th>37. Bargaining Unit Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Competitive Service</td>
<td>E</td>
<td>0113.0-1001 1123 0000</td>
<td>8888</td>
</tr>
<tr>
<td>3 - SES General</td>
<td>E - Exempt</td>
<td>N - Nonexempt</td>
<td></td>
</tr>
</tbody>
</table>

39. Duty Station:

- 40. DOC:

- 41. WGI Code:

- 42. Prom Site:

- 43. HR Processor:

- 44. EMPLID:

45. Remarks:

- REASON: EXPIRATION OF APPOINTMENT
- FORWARDING ADDRESS:
- INTERMITTENT EMPLOYMENT TOTaled 0 HOUrs IN WORK STATUS FROM 02/04/2013 TO 02/03/14.

46. Employing Department or Agency:

DEPARTMENT OF STATE

47. Agency Code:

ST00

48. Personnelfl ID:

2951

49. Approval Date:

02-24-2014

50. Signature/Authentication and Title of Approving Official:

[Electronic Signature]

HANS KLEMM

ACTING

2. OFF Copy - Long-Term Record - DO NOT DESTROY
TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM

UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM

NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT INSURANCE

This form has been given to you because (1) you have been separated from your job, or (2) you were placed in a nonpay status, or (3) your records have been transferred to a different payroll office.

Unemployment insurance (UI) for Federal workers. When unemployed, Federal workers may be entitled to UI benefits similar to those of workers in private industry. If you become unemployed or are in a nonpay status and want to file a claim, go to the nearest LOCAL PUBLIC EMPLOYMENT SERVICE OFFICE of the STATE EMPLOYMENT SECURITY AGENCY to register for work and file your claim for UI. Your ELIGIBILITY for UI CANNOT be determined until AFTER you file a claim. DO NOT DELAY filing a UI claim; if you wait, your unemployment benefits may be reduced or you may not qualify for any benefits.

To help expedite your claim, take THIS FORM with you, your SOCIAL SECURITY ACCOUNT NUMBER CARD, the OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50 if available), EARNINGS and LEAVE statements, or similar documents that indicate you were employed by a Federal agency.

FEDERAL AGENCY will insert
in the box:
1st line - Parent Federal Agency
Name and 3 digit code number
2nd line - Major Component (if any)
3rd and 4th line - complete address to which all forms pertaining to a claim should be sent (ES-931, 931A, 934, 936, and notices of appeal, hearings, and determinations)

Department of State
2401 E Street NW, Suite K-804 Chief, HR/ER/WK
Washington, DC 20522

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

KEEP THIS FORM and TAKE IT WITH YOU if you file a UCFE/UI claim for unemployed Federal workers provided by Federal law (U.S. CODE, Title 5, Chapter 85). For more information about UCFE/UI, read the reverse side of this form.
OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

<table>
<thead>
<tr>
<th>HUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638)</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete &amp; deliver evaluations on supervised employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive a copy of your performance evaluation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DS-8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminate Special Differential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation Statement (OF-109)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passes: Building Pass/Ops Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-2810 (Health Insurance-Change Plan when going overseas)</td>
<td></td>
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</tr>
<tr>
<td>SF-2821 (Life Insurance)</td>
<td>22/1/13</td>
<td>02-01-13</td>
</tr>
<tr>
<td>TSP Package</td>
<td></td>
<td></td>
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<tr>
<td>SF-2818 (Post Retirement Coverage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-2819 (Application for Refund of Retirement Deduction-CSRS)</td>
<td>22/1/13</td>
<td>02-01-13</td>
</tr>
<tr>
<td>SF-2802 OR OPM-3106 (Refund of Retirement Contributions)</td>
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<td></td>
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<tr>
<td>OF-126 (Residence and Dependency Report)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-278 (Financial Disclosure Report and Termination Certification Statement)</td>
<td>22/1/13</td>
<td>02-01-13</td>
</tr>
<tr>
<td>Timekeeper Notified</td>
<td></td>
<td></td>
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<tr>
<td>SF-8 (Unemployment Comp.)</td>
<td>22/1/13</td>
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<tr>
<td>Training (Cancel)</td>
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<tr>
<td>JDS-1971 (Termination Certification Statement)</td>
<td>22/1/13</td>
<td>02-01-13</td>
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</tbody>
</table>

ST 312 - Classified Information
Nondisclosure Agreement
Not declassified
Briefed 01/22/09

ST 50 - Resignation Notification of Personal Action
02/01/13

Signatures:
B. Laabsch
M. J. Alderete

REMINDER: IF TRANSFERRING OVERSEAS, HAVE YOU...

☐ Made personal arrangements for insurance of effects and vehicle during transit to your next assignment?
☐ Arranged for transfer of schools records?

3/17/2015

Page 2 of 2 BUREAU Civil Service CHECKOUT FORM.doc

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833719 Date: 11/05/2015
February 3, 2013

Ms. Kathleen Youel Page
Assistant Legal Adviser for Ethics
Office of Legal Adviser
U.S. Department of State
Washington, D.C. 20520-6310

Re: Ethics Undertakings

Dear Ms. Youel Page:

I am committed to the highest standards of ethical conduct for government officials. If appointed as Special Envoy to Haiti and serving as a Special Government Employee (SGE), as required by 18 U.S.C. §208(a), I will not participate personally and substantially in any particular matter in which I know that I have a financial interest or in which I know that a person whose interests are imputed to me has a financial interest, if the particular matter has a direct and predictable effect on that interest, unless I first obtain a written waiver pursuant to §208(b)(1) or qualify for a regulatory exemption, pursuant to §208(b)(2). I understand that the interests of the following persons are imputed to me: any spouse or minor child of mine; any general partner of a partnership in which I am a limited or general partner; any organization in which I serve as officer, director, trustee, general partner or employee; and any person or organization with which I am negotiating or have an arrangement concerning prospective employment.

I will retain my position with the following entity: See Forever Foundation. If appointed as Special Envoy to Haiti, as required by 18 U.S.C. §208(a), I will not participate personally and substantially in any particular matter that has a direct and predictable effect on the financial interests of the entity, unless I first obtain a written waiver pursuant to 18 U.S.C. §208(b)(1) or qualify for a regulatory exemption pursuant to 18 U.S.C. §208(b)(2).

I have been advised that I will likely serve in this position for 60-130 days in any period of 365 consecutive days. Accordingly, I understand that I may not, under 18 USC §§ 203(c)(1) and 205(c)(1), provide any representational services or act as agent or attorney for another in any particular government matter involving specific parties in which I have participated personally and substantially as a government official or that is pending in the Department of State. I also understand that I may not receive a share of any payment made for such representational services performed by another. I understand that additional requirements of 18 U.S.C. §§ 203(c)(2) and 205(c)(2) will apply to me if I serve for more than 130 days in any period of 365 consecutive days. In that event, I will comply with all applicable ethics and conflict of interest requirements, and will consult a Department of State ethics attorney if I have any questions about those requirements.

As an SGE I understand that I continue to have restrictions on receiving outside compensation for speaking, teaching or writing in a personal capacity on matters related to official duties. As I am expected to work between 60-130 days during the year, I understand that I am generally restricted from receiving compensation for speaking, teaching and writing on particular matters involving specific parties in which I participate as an SGE or on any matter to which I am presently assigned or have been assigned within the last year of my SGE appointment. Finally, I
will recuse myself from participation on a case-by-case basis in any particular matter involving specific parties in which I determine that a reasonable person with knowledge of the relevant facts would question my impartiality in that matter, unless I am first authorized to participate, pursuant to 5 C.F.R. Part 2635, subpart E.

Sincerely,

[Signature]

Cheryl D. Mills
VOLUNTARY SEPARATION INCENTIVE PAYMENT

Individuals who have received a Voluntary Separation Incentive Payment, otherwise known as a Buyout, must repay that incentive if they are reemployed by the Federal government within five years. Please check the appropriate box and sign this form to certify that you have or have not received a buyout.

☐ I HAVE RECEIVED A VOLUNTARY SEPARATION INCENTIVE PAYMENT (BUYOUT) WITHIN THE LAST FIVE YEARS.

☒ I HAVE NOT RECEIVED A VOLUNTARY SEPARATION INCENTIVE PAYMENT (BUYOUT) WITHIN THE LAST FIVE YEARS.

Signature ___________________________ Date 04/26/09

REVIEW AUTHORITY:
Barbara Nielsen,
Senior Reviewer
Good morning Ms. Mills

Please review and signed the attached forms and return them to me for processing. You should complete Part-H Signature items 1, 2, 3, 4 and the Acknowledgement of TCC Notice.

If you have any questions please let me know.

Cheryl — spoke with Cynthia Motley this morning. She is sending you paperwork shortly for you to sign for you and your family to go on COBRA. It will be the same plan you have now.

The Department keeps you on their plan for 31 days after your departure, so your COBRA will go into effect on March 6th.

Thanks,
Heather
TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM
NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT INSURANCE

This form has been given to you because (1) you have been separated from your job, or (2) you were placed in a nonpay status, or (3) your records have been transferred to a different payroll office.

Unemployment insurance (UI) for Federal workers. When unemployed, Federal workers may be entitled to UI benefits similar to those of workers in private industry. If you become unemployed or are in a nonpay status and want to FILE A CLAIM, go to the nearest LOCAL PUBLIC EMPLOYMENT SERVICE OFFICE of the STATE EMPLOYMENT SECURITY AGENCY to register for work and file your claim for UI. Your ELIGIBILITY for UI CANNOT be determined until AFTER you file a claim. DO NOT DELAY filing a UI claim; if you wait, your unemployment benefits may be reduced or you may not qualify for my benefits.

To help EXPEDITE your claim, take THIS FORM with you, your SOCIAL SECURITY ACCOUNT NUMBER CARD, the OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50 if available), EARNINGS and LEAVE statements, or similar documents that indicate you were employed by a Federal agency.

FEDERAL AGENCY will insert the box.

1st line - Name Federal Agency
2nd line - 3-digit code number
3rd line - Major Component (if any)
4th line - Complete address to which all forms pertaining to a claim should be sent (ES-931, 931A, 934, 936, and notices of appeal, hearings, and determinations)

Department of State
2401 K Street NW, Suite H-804 Chief, HR/EX/EM
Washington, DC 20522

Identification
CODE NO.
403

To be completed by the Federal Agency:
Contact Name/Office
Telephone No. (Include area code)
202-663-1880

KEEP THIS FORM and TAKE IT WITH YOU if you file a UCFE/UI claim for unemployed Federal workers provided by Federal law (U.S. CODE, Title 5, Chapter 85). For more information about UCFE/UI, read the REVERSE SIDE of this form.

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833754 Date: 11/05/2015
TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM
NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT INSURANCE

This form has been given to you because (1) you have been separated from your job, or (2) you were placed in a nonpay status, or (3) your records have been transferred to a different payroll office.

Unemployment insurance (UI) for Federal workers. When unemployed, Federal workers may be entitled to UI benefits similar to those of workers in private industry. If you become unemployed or are in a nonpay status and want to FILE A CLAIM, go to the nearest LOCAL PUBLIC EMPLOYMENT SERVICE OFFICE of the STATE EMPLOYMENT SECURITY AGENCY to register for work and file your claim for UI. Your ELIGIBILITY for UI CANNOT be determined until AFTER you file a claim. DO NOT DELAY filing a UI claim; if you wait, your unemployment benefits may be reduced or you may not qualify for any benefits.

To help EXPEDITE your claim, take THIS FORM with you, your SOCIAL SECURITY ACCOUNT NUMBER CARD, the OFFICIAL NOTICE of your most recent SEPARATION or of your present NONPAY status (Standard Form 50 if available), EARNINGS and LEAVE statements, or similar documents that indicate you were employed by a Federal agency.

FEDERAL AGENCY will insert in the box:
1st line - Parent Federal Agency
Name and 3 digit code number
2nd line - Major Component (if any)
3rd and 4th line - complete address to which all forms pertaining to a claim should be sent (25-931, 931A, 934, 936, and notices of appeal, hearings, and determinations)

Department of State
2401 E Street NW, Suite H-804 Chief, HR/EX/RM
Washington, DC 20522

3 Digit Identification
FEDERAL AGENCY
CODE NO.
405

To be completed by the Federal Agency:
Contact Name/Office
HR/EX/RM
Telephone No. (Include area code)
202-663-1880

KEEP THIS FORM and TAKE IT WITH YOU if you file a UCFE/UI claim for unemployed Federal workers provided by Federal law (U.S. CODE, Title 5, Chapter 85). For more information about UCFE/UI, read the REVERSE SIDE of this form.

NSN 7640-00-634-3964

STANDARD FORM 8 (Rev. 6-87)
Proscribed by Dept. of Labor
20 CFR 609
Motley, Cynthia J

From: Motley, Cynthia J
Sent: Sunday, February 03, 2013 12:26 PM
To: Pay Intake
Cc: Lecque, Thayer N; Carter, Carol P
Attachments: SF-2821 Huma M. Abedin.pdf

Attached is the SF-2821 Agency Certification of Insurance Status for Ms. Huma M. Abedin who retired COB Friday February 1, 2013 for your action. Do not hesitate to contact me if you should need additional information.

Thanks,

Cynthia J. Motley Administrative Officer
S/ES-EX Room 7615 HST BLDG
Office Phone: 202-647-6538
Fax: 202-647-6049

S-InfoNet Human Resources

Have an HR Question?
Contact the HR Service Center
x3-5539 (Internal)
1-866-300-7419 (Toll Free)
1-843-308-5539 (Outside the U.S.)

REVIEW AUTHORITY: Barbara Nielsen,
Senior Reviewer

In accordance with the policies and procedures outlined in Executive Order 12958, this e-mail is UNCLASSIFIED unless otherwise noted.
### OFFICE OF THE SECRETARY
### HUMAN RESOURCES OFFICE
### CIVIL SERVICE CHECK-OUT FORM

- The purpose of this form is to ensure that all your official & personal affairs are in order before departing.
- S/ES-EX cannot assume responsibility for any of your obligations after you depart.
- Check out Forms must be initiated by a staff member from each section. **FORMS SHOULD NOT BE INITIATED BY THE EMPLOYEE.**

#### EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Current Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hillary</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last day in office</th>
<th>Gaining Bureau or Post</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Forwarding Address</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

#### BUDGET AND TRAVEL OFFICE Rm. 7507 (Ext. 7-5946)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
</table>

- Citibank Bank Travel Card (transfer to new bureau)
- Diplomatic Passport Returned or Cancelled
- Outstanding Travel Vouchers/Advances

#### SECURITY Rm. 5634 (Ext. 6-4848)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
</table>

- S Bureau Security Check Out Form
- Notify BSO of Departure Date 7TH floor access deletion
- Return QUICK2000 ESCAPE Mask only if leaving the Department
- Provide BSO a list of all routinely accessed safes
- Schedule an SCI Debrief (Contact)

#### All Employees Rm. 7512 (Ext. 7-3574)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
</table>

- Contact Clarence Finney, S/ES-CR for out processing
- DS-1904 – Authorization for Removal of Personal Papers and Non-Record Materials (Contact Clarence Finney x7-3574)
- Attended S/ES Record keeping and Electronic records removal departure brief
- Debriefed on record retention responsibilities with bureau record officer
- Executive Office (S/ES-EX)

#### GENERAL SERVICES OFFICE Rm. 7519 (Ext. 7-6883)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
</table>

- Return Parking Permit

#### SYSTEMS Poems Help Desk 8th Floor (Ext. 7-8700)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
</table>

- Notify POEMS of transfer from bureau and request transfer guidance
- Return all borrowed equipment (BB, RSA Token, Laptop, thumb drive, portable printer/scanner) to Mobile Solutions (Rm 7437; 7-8555 or 7-0811)
- Open M-F, 7am-7pm
- Turn in Secure Cell phone (Contact Purcell Lee x 7-1532)
OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

DESIGNATORY TO HANDLE YOUR BILLS AFTER DEPARTURE

I hereby designate ___________________________ to settle all outstanding obligations on my behalf.

Signature of Employee
Signature of Designee

<table>
<thead>
<tr>
<th>HUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638)</th>
<th>Online</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete &amp; deliver evaluations on supervised employees' performance</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive a copy of your performance evaluation?</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-52</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFS-P</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminate Special-Differential</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation Statement (OF-109)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passes: Building Pass/Ops. Center</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-2810 (Health Insurance Change Plan when going overseas)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-2821 (Life Insurance)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSP-Enrollment</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-2818 (Post Retirement Coverage)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-2819 (Application for Refund of Retirement Deduction-CSRIS)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-3082 OR OPM-3106 (Refund of Retirement Contributions)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OF-120 (Residence and Dependency Report)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-278 (Financial Disclosure Report and Termination Certification Statement)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traveler/Employee Notified</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-8 (Unemployment Comp.)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Leave Cancel</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DS-1971 (Termination Certification Statement)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Include SF-50

| All Check Out Requirements satisfied (Dep. Exec. Director) Rm. 7507 |

REMINDER: IF TRANSFERRING OVERSEAS, HAVE YOU...

☐ Made personal arrangements for insurance of effects and vehicle during transit to your next assignment?
☐ Arranged for transfer of schools records?

6/4/2015
As a condition, and in consideration, of my employment in the United States Government in a position invested with the public trust, I commit myself to the following obligations, which I understand are binding on me and are enforceable under law:

1. **Lobbyist Gift Ban.** I will not accept gifts from registered lobbyists or lobbying organizations for the duration of my service as an appointee.

2. **Revolving Door Ban: All Appointees Entering Government.** I will not for a period of 2 years from the date of my appointment participate in any particular matter involving specific parties that is directly and substantially related to my former employer or former clients, including regulations and contracts.

3. **Revolving Door Ban: Lobbyists Entering Government.** If I was a registered lobbyist within the 2 years before the date of my appointment, in addition to abiding by the limitations of paragraph 2, I will not for a period of 2 years after the date of my appointment:
   (a) participate in any particular matter on which I lobbied within the 2 years before the date of my appointment;
   (b) participate in the specific issue area in which that particular matter falls; or
   (c) seek or accept employment with any executive agency that I lobbied within the 2 years before the date of my appointment.

4. **Revolving Door Ban: Appointees Leaving Government.** If, upon my departure from the Government, I am covered by the post employment restrictions on communicating with employees of my former executive agency set forth in section 207(c) of title 18, United States Code, I agree that I will abide by those restrictions for a period of 2 years following the end of my appointment.

5. **Revolving Door Ban: Appointees Leaving Government to Lobby.** In addition to abiding by the limitations of paragraph 4, I also agree, upon leaving Government service, not to lobby any covered executive branch official or non-career Senior Executive Service appointee for the remainder of the Administration.

6. **Employment Qualification Commitment.** I agree that any hiring or other employment decisions I make will be based on the candidate’s qualifications, competence, and experience.

7. **Assent to Enforcement.** I acknowledge that the Executive Order entitled “Ethics Commitments by Executive Branch Personnel,” issued by the President on January 21, 2009, which I have read before signing this document, defines certain of the terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive Order as a part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Federal Government service.

[Signature]

Clint, Hillary Rodham

Print or type your full name (Last, first, middle)

January 26, 2009

OK TO FILE
THrift SAVings Plan
ELECTION FORM

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the Summary of the Thrift Savings Plan and the instructions on the back of this form. Type or print all information. Return the completed form to your agency personnel or benefits office. Your agency should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. CLINTON  HILLARY  BODHAM
   Name (Last)  (First)  (Middle)

2. Street Address

3. Social Security Number

4. City  State  Zip Code
   Daytime Phone (Area Code and Number): (202) 647-9572

5. DEPARTMENT OF STATE

II. START OR CHANGE YOUR CONTRIBUTIONS

To start or change the amount of your contributions to your TSP account, enter either a whole percentage of your basic pay per pay period (Item 6) or a whole dollar amount per pay period (Item 7). Skip to Section IV.

6. ______%  OR  7. $________

III. STOP YOUR CONTRIBUTIONS

To stop your contributions to the TSP, check Item 8 and complete Section IV. (If you are a FERS employee and you are eligible to receive Agency Automatic (1%) Contributions, those 1% contributions will continue. Read the instructions on the back.)

8. ☐ I want to stop contributing to my TSP account. I understand that my payroll contributions will stop no later than the first full pay period after my agency employing office receives this form.

IV. SIGNATURE

9. Participant's Signature

10. Date Signed (mm/dd/yyyy)

V. FOR EMPLOYING OFFICE USE ONLY

11. Payroll Office Number: 19-00-0003

12. Receipt Date (mm/dd/yyyy): 01/26/2009

13. Effective Date (mm/dd/yyyy): 02/01/2009

14. Signature of Agency Official

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process this form. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share this information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

UNCLASSIFIED U.S. Department of State  Case No. F-2015-05069  Doc No. C05833698  Date: 11/05/2015
THrift SAVings PLAN
CATCH-UP CONTRIBUTION ELECTION

Use this form to start, stop, or change your election to make "catch-up" contributions to your TSP account. You are eligible to make catch-up contributions if you are age 50 or older (or if you will become age 50 during the calendar year for which you are making this election), and you are already contributing a percentage or a dollar amount which will result in reaching the IRS elective deferral limit by the end of the year. (See back of form.) Catch-up contributions will be taken from your basic pay each pay period; they are in addition to your regular TSP contributions.

Before completing this form, read the information on the back. Type or print all information. Return the completed form to your agency.

Note: Your catch-up contributions will be invested according to your most recent contribution allocation. (See instructions on the back.)

1. CLINTON
   Hillary Rodham
   Name (Last)

2. Street Address

3. Social Security Number

4. (202) 647 - 9572
   Daytime Phone (Area Code and Number)

5. DEPARTMENT OF STATE
   Office Identification (Agency and Organization)

II. START OR CHANGE YOUR CATCH-UP CONTRIBUTIONS
   (You must be in pay status. See back of form.)
   6. I elect to contribute $_________ per pay period. This election will continue until:
      - the end of the calendar year;
      - I reach the annual limit for catch-up contributions; or
      - I submit a new election to stop or change these contributions.

   I certify that I will make regular contributions to the TSP or an equivalent employer plan up to the maximum amount allowed by the IRS and TSP plan rules. I understand that my catch-up contributions are in addition to my regular TSP contributions.

   7. Participant's Signature
   8. 01/16/2009
      Date Signed (mm/dd/yyyy)

III. STOP YOUR CATCH-UP CONTRIBUTIONS
   To stop your contributions, complete Items 9, 10, and 11.
   9. ☐ I want to stop making catch-up contributions to my TSP account. I understand that I must make a new election to resume these contributions.

   10. Participant's Signature
   11. ___________________________
      Date Signed (mm/dd/yyyy)

IV. FOR EMPLOYING OFFICE USE ONLY
   12. 19-00-0003
       Payroll Office Number
   13. 01/26/2009
       Receipt Date (mm/dd/yyyy)
   14. 02/01/2009
       Effective Date (mm/dd/yyyy)

   Signature of Agency Official

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process this form. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector auditors, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833700 Date: 11/05/2015
THrift SAv. IGS PLAN
DESIGNATION OF BENEFICIARY

Use this form to designate a beneficiary or beneficiaries to receive your civilian Thrift Savings Plan (TSP) account after your death. Read the instructions on the back to assist you in completing this form. Type or print the information requested. Do not alter this form or the information you enter; if you need to make a correction or change your entries, start over on a new form. If you have a uniformed services TSP account, you will need to make a separate TSP beneficiary designation for that account on Form TSP-U-3.

I. INFORMATION ABOUT YOU

1. Name
   - First: CLINTON
   - Middle: HILLARY
   - Last: RODHAM

2. Social Security Number

3. Date of Birth (mm/dd/yyyy)

4. Daytime Phone (Area Code and Number)
   - Area Code: (202)
   - Number: 647 - 9572

5. Address
   - Street address or box number

6. City
   - State/Country
   - Zip Code

II. DESIGNATING YOUR BENEFICIARIES

Indicate in whole percentages or fractions the share of your TSP account to be paid to each beneficiary.

1. Beneficiary Name (Last)
   - First
   - Middle

   Share:

   Street address or box number

   City
   - State/Country
   - Zip Code

   Social Security Number/EIN
   - Date of Birth (mm/dd/yyyy)
   - Relationship

2. Beneficiary Name (Last)
   - First
   - Middle

   Share:

   Street address or box number

   City
   - State/Country
   - Zip Code

   Social Security Number/EIN
   - Date of Birth (mm/dd/yyyy)
   - Relationship

3. Beneficiary Name (Last)
   - First
   - Middle

   Share:

   Street address or box number

   City
   - State/Country
   - Zip Code

   Social Security Number/EIN
   - Date of Birth (mm/dd/yyyy)
   - Relationship

   ☐ Check here if additional pages are used. Number of additional pages (See back of form.)

III. YOUR SIGNATURE

Sign and date this section. Your signature must be witnessed in Section IV.

Participant's Signature
   - Signature
   - Date Signed: 01/26/2009

IV. WITNESSES TO SIGNATURE

This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. (A witness cannot be a beneficiary of any portion of this TSP account.) By signing below, the witnesses affirm that the participant: (a) signed Section III in their presence, or (b) informed them that the signature in Section III is the participant's own signature.

Witness 1
   - Printed Name of First Witness
   - Signature of First Witness

Witness 2
   - Printed Name of Second Witness
   - Signature of Second Witness

For TSP-3 (10/2005)

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833703 Date: 11/05/2015
United States Department of State

TERMINATION CERTIFICATION STATEMENT
EXECUTIVE PERSONNEL FINANCIAL DISCLOSURE REPORT (SF 278)

TERMINATION FILING

FEB 01 2013

$200 Late Filing Fee: I certify that I have received the SF-278, Executive Personnel Financial Disclosure Report, with instructions. I understand that the completed form must be filed with the Financial Disclosure Division (L/EMP/FD), Office of the Legal Adviser, U.S. Department of State, Washington, DC 20520-6310, within 30 days of the effective date of termination from my SF-278 covered position. I further understand that I have an additional 30-day grace period to ensure that my report reaches L/EMP/FD. If my Termination SF-278 is not received in L/EMP/FD within 60 days of my termination date, absent an extension, I will incur a $200 late filing fee.

Hillary R. Clinton

Full Name—(Type or Print)

Signature

Secretary of State, EX-130-01

Title and Grade

Current Post

Forwarding Address or Post

Forwarding Telephone

Termination/Transfer Date (mm-dd-yyyy)*

*Note: Foreign Service Officers serving in senior "stretch" assignment must file a Termination report within 30 days of departure from the senior position unless transferring directly to another senior position. 228 SA-1, 2401 E. St N.W., Washington, D.C. 20522

Mail to:

U.S. Department of State
L/EMP/FD
Room 228 SA-1, 2401 E. St NW
Washington, DC 20522
PHONE: 202-663-3090
DS-1971
CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN

Hillary Rodham Clinton
(Name of Individual - Printed or typed)

AND THE UNITED STATES

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12958, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Section 1.1, 1.2, 1.3 and 1.4(e) of Executive Order 12958, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter in this Agreement referred to as the Department or Agency) responsible for the classification of information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm from an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b) above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, 952 and 1924, Title 18, United States Code, "the provisions of Section 733(b), Title 50, United States Code, and the provisions of the Intelligence Identities Protection Act of 1962. I recognize that nothing in the Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication or revelation of classified information not consistent with the terms of this Agreement.

6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Sections 793 and/or 1924, Title 18, United States Code, a United States criminal law.

8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

(Confidential or classified)

STANDARD FORM 312 (Rev. 1-00)

SANE DCR 02009 E.O. 12958

Previous edition not usable

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833708 Date: 11/05/2015
10. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12958, Section 7211 of Title 5, United States code (governing disclosures to Congress); Section 1034 of Title 10, United States code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that expose confidential Government agents), and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, 952 and 1924 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

11. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this agreement and its implementing regulation (32 CFR Section 2003.20) so that I may read them at this time, if I so choose.

[Signature]

DATE (mm-dd-yyyy)

SOCIAL SECURITY NUMBER

(See Notice below)

[Signature]

DATE (mm-dd-yyyy)

[Organization]

Department of State
2201 C Street NW
Washington, DC 20520

[Signature]

DATE (mm-dd-yyyy)

[Name and Address]

Department of State
2201 C Street NW
Washington, DC 20520

[Signature]

DATE (mm-dd-yyyy)

[Signature]

DATE (mm-dd-yyyy)

[Name and Address]

Department of State
2201 C Street NW
Washington, DC 20520

[Name and Address]

Department of State
2201 C Street NW
Washington, DC 20520

SECURITY DEBRIEFING ACKNOWLEDGMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE

DATE (mm-dd-yyyy)

NAME OF WITNESS (Type or print)

SIGNATURE OF WITNESS

DATE (mm-dd-yyyy)

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the Information indicated above or 2) determine that your access to the Information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

*NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

STANDARD FORM 312 BACK (Rev. 1-01)
**Agency Certification of Insurance Status**

**Federal Employees' Group Life Insurance Program**

<table>
<thead>
<tr>
<th>To Agency: See reverse for information and instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Name of employee (Last, first, middle)</strong></td>
</tr>
<tr>
<td>Clinton, Hillary R.</td>
</tr>
<tr>
<td><strong>2. Date of birth, (Month, day, year)</strong></td>
</tr>
<tr>
<td><strong>3. Social Security number</strong></td>
</tr>
</tbody>
</table>

**4a. Event requiring certification**

- [X] Separation (includes resignation)
- [ ] Retirement
- [ ] Death as an employee

**4b. Employee's retirement system**

- [ ] CSRS/FFRS
- [ ] TVA
- [ ] DCRS
- [ ] FSRS
- [ ] D.C. Police & Fire/Public School Teachers
- [ ] Other (Specify) |

**5. Disposition of Designsations of Beneficiary**

- [ ] Attached
- [ ] None on file with this agency
- [ ] On file in employee's Official Personnel Folder

**4c. OWCP number (if applicable)**

**6. Did the employee assign his/her insurance?**

- [ ] No
- [X] Yes |

**7. Did the employee elect living benefits?**

- [ ] No
- [X] Yes

**Amount elected (check one and attach EOB)**

- [ ] Full
- [ ] Partial (post-election Bla $__) |

**8. Date of event checked in item 4a**

- 2/1/2013 |

**9. Date of SF 2819, Notice of Conversion Privilege - Insurance is Mandatory**

- (Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retiring employees)

**10. Annual basic pay (not basic insurance amount) on date in item 8**

- $196,700.00 |

**11. Effective date of continuous coverage under the FEGLI Program (If any break in service, list dates)**

**REVIEW AUTHORITY:**

- Barbara Nielsen, Senior Reviewer

- **Cynthia Motley**
  - Signature of certifying official (Not acceptable)
  - Administrative Officer
  - FEB 0 1 2013

**15a. Name of certifying official**

- Cynthia Motley

**15b. Type of certifying official**

- Administrative Officer

**15c. Title**

- 

**15d. Date**

- FEB 0 1 2013

**15e. Name and address of agency (Including ZIP code)**

- U.S. Department of State
  - 2201 C Street, NW
  - HST Building, Room 7507
  - Washington, DC 20523

**15f. Telephone number (Including area code)**

- (202) 647-9661

**16. Payroll records certification**

- (This form will not be accepted without dual certification)

I certify that I have compared the annual basic pay shown in item 10, above, with current payroll records and the figures agree.

Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code ________ (Insuranc code and SF 50 equivalent) on the date in the item 8.

<table>
<thead>
<tr>
<th><strong>16a. Name and address of payroll office (If different from that given in item 15e)</strong></th>
</tr>
</thead>
</table>

**16b. Typen name of certifying official**

- 

**16c. Title**

- 

**16d. Date**

- 

**16e. Telephone number (Including area code)**

- 

**16f. Payroll office number**

- OPM use only

**Remarks (For agency use only)**

- 

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833710 Date: 11/05/2015
An Agreement Between

Hillary Rodham Clinton

and the United States.

(Signed - Printed or Typed)

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to information or material protected within Special Access Programs, hereinafter referred to as the Agreement. I have been advised that SCI involves the receipt of inherently sensitive and high-level information which may be classified in accordance with Executive Order 12958, or other comparable executive order or statute. I understand and accept that by being granted access to SCI, I am subject to the laws and regulations of the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of SCI, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information or material have been approved access to it, and I understand these procedures. I understand that I may be required to sign subsequent agreements upon being granted access to different categories of SCI. I further understand that all of my obligations under this Agreement continue to exist whether or not I am required to sign such subsequent agreements.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of SCI by me could cause irreparable injury to the United States or be to its advantage by a foreign entity. I hereby agree that I will never divulge anything marked SCI or SCI to any unauthorized individual or individual or group not authorized to receive the SCI by written authorization from the United States Government department or agency (hereinafter "Department or Agency") that authorized my access to SCI. I understand that it is my responsibility to consult with appropriate management authorities in the Department or Agency that authorized my access to SCI, whether or not I am still employed by or associated with the Department or Agency, in order to ensure that I know whether information or material within my knowledge or control constitutes SCI.

4. In consideration of being granted access to SCI and of being assigned or retained in a position of special confidence and trust requiring access to SCI, I hereby agree to submit for security review by the Department or Agency that authorized my access to such information or material, any writing or other preparation in any form, including a work of fiction, that contains or purports to contain any SCI or description of activities that produce or relate to SCI or that I have reason to believe are derived from SCI, that I contemplate disclosing to any person not authorized to have access to SCI or that I have prepared for public disclosure. I understand and agree that any obligation to submit such preparation for review applies during the course of my access to SCI and thereafter, and I agree to make any required submissions prior to disclosing the preparation with, or showing it to, anyone who is not authorized to have access to SCI. I further agree that I will not discuss the contents of such preparation with, or show it to, anyone who is not authorized to have access to SCI until I have received written authorization from the Department or Agency that last authorized my access to SCI that such disclosure is permitted.

5. I understand that the purpose of the review described in paragraph 4 is to give the United States a reasonable opportunity to determine whether the preparation submitted pursuant to paragraph 4 sets forth any SCI. I further understand that the Department or Agency to which I have made a submission will act upon it, coordinating within the Intelligence Community when appropriate, and make a response to me within a reasonable time, not to exceed 30 working days from date of receipt.

6. I have been advised that any breach of this Agreement may result in the termination of my access to SCI and removal from the position of special confidence and trust requiring access to SCI, as well as the termination of my employment or other relationship with any Department or Agency that provides me with access to SCI. In addition, I have been advised that any unauthorized disclosure of SCI by me may constitute violations of United States criminal law, including provisions of Section 793, 794, 795, and 951, Title 18, United States Code, and of Section 793(e), Title 50, United States Code. Nothing in this Agreement constitutes a waiver by the United States Government to prosecute for any statutory violation.

7. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for an order prohibiting disclosure of information in breach of this Agreement. I have been advised that this action can be brought against me in any of the appropriate United States District Courts where the United States Government may elect to file the action. Court costs and reasonable attorneys' fees incurred by the United States Government may be assessed against me if I lose such action.

8. I understand that all information to which I may obtain access by signing this Agreement is new and will remain the property of the United States Government unless and until otherwise determined by an appropriate official or final ruling of a court of law. Subject to such determination, I do not, nor will I ever, possess any right, interest, title, or claim whatsoever to such information. I agree that I shall return all materials that may have come into my possession for which I am responsible, upon demand by an authorized representative of the United States Government or upon the conclusion of my employment or other relationship with the United States Government entity providing me access to such materials. If I do not return such materials upon request, I understand that I will be in violation of Section 793, Title 18, United States Code.

9. Unless and until I am released in writing by an authorized representative of the Department or Agency that last provided me access to SCI, I understand that all conditions and obligations imposed on me by this Agreement apply during the time I am granted access to SCI, and at all times thereafter.

10. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect. This Agreement concerns SCI and does not set forth such other conditions and obligations not related to SCI as may now or hereafter pertain to my employment by or assignment or relationship with the Department or Agency.
11. I have read this Agreement carefully and my questions, if any, have been answered to my satisfaction. I acknowledge that the briefing officer has made available Sections 793, 794, 798 and 952 of Title 18, United States Code, and Section 733(b) of Title 50, United States Code, and Executive Order 12958, as amended, so that I may read them at this time, if I so desire.

12. I hereby assign to the United States Government all rights, titles and interests, and all royalties, remunerations, and enhancements that have resulted, will result, or may result from any disclosure, publication, or revelation not consistent with the terms of this Agreement.

13. These restrictions are consistent with and do not supersede conflict with or otherwise alter any employee obligations rights or liabilities created by Executive Order 12958; Section 7211 of Title 5, United States Code (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosures to Congress by members of the Military); Section 2302(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosure of illegal, wasteful, fraudulent, abusive, or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.), (governing disclosures that could expose confidential Government agents), and the statutes which protect agent disclosures which may compromise national security, including Section 641, 793, 794, 798, and 952 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. 733(b)). The definitions, requirements, obligations, rights, remedies and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

14. This Agreement shall be interpreted under and in accordance with the law of the United States.

15. I make this Agreement without any mental reservation or purpose of evasion.

The execution of this Agreement was witnessed by the undersigned who accepted it on behalf of the United States Government as a prior condition of access to Sensitive Compartmented Information.

WITNESS AND ACCEPTANCE:

[Signature]

22 January 2009

SECURITY BRIEFING / DEBRIEFING ACKNOWLEDGMENT

SI G TK HCS

(Special Access Program by Initials Only)

Hillary Rodham Clinton
Printed or Typed Name

BRIEF DATE: 22 January 2009

I hereby acknowledge that I was briefed on the above SCI Special Access Program(s):

[Signature of Individual Briefed]

I certify that the briefing presented to me on the above date was in accordance with the relevant SCI procedures.

Signature of Briefing/Debriefing Officer

DEBRIEF DATE:

Having been reminded of my continuing obligation to comply with the terms of this Agreement, I hereby acknowledge that I was debriefed on the above SCI Special Access Program(s):

[Signature of Individual Debriefed]

SSN (See Notice Below)

FORM 4414 (ER)
REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1,7-22,32,33,36 and 39)

1. Action Requested
   Termination

2. Request Number

3. For Additional Information Call (Name and Telephone Number)

4. Proposed Effective Date
   02-01-2013

5. Action Requested By (Typed Name, Title, Signature, and Request Date)
   CARTER, CAROL P
   HUMAN RESOURCES SPECIALIST
   02-01-2013

6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)
   CARTER, CAROL P
   HUMAN RESOURCES SPECIALIST
   02-01-2013

PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.)

1. Name
   CLINTON, HILLARY RODHAM
   Last, First, Middle

2. Social Security Number

3. Date of Birth

4. Effective Date
   02-01-2013

FIRST ACTION

5-A. Code
   312

5-B. Nature of Action
   RESIGNATION-ILIA

5-C. Code
   RPM

5-D. Legal Authority
   Reg 715.202. Resignation

5-E. Code
   10

SECOND ACTION

6-A. Code

6-B. Nature of Action

6-C. Code

6-D. Legal Authority

6-E. Code

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

SECRETARY OF STATE

PD: E00744400 Position: E00744400

EMPLOYEE DATA

22. Veteran Preference
   1-A. None

23. Pay Plan
   EX 00130

24. Grade Level
   01

25. Step Rate
   00

26. Total Salary
   $196,700.00

27. Pay Basis
   PA

28. Basic Pay
   $196,700.00

29. Locality Adj.
   0.00

30. Rates Adj. Basic Pay
   $196,700.00

31. Other Pay
   0.00

32. Name and Location of Position's Organization
   010101

IMMEDIATE OFFICE OF THE SECRETARY

OFFICE OF THE SECRETARY

POSITION DATA

33. Position Category
   35. PLA Category
   1-Competitive Service
   4-SES General

34. Appropriation Code
   E

35. Pay Range
   01130-1097

36. Grade Level
   1111

37. Reporting Unit Status
   0000

38. Vacancy Status

39. Duty Status
   11001001
   WASHINGTON, DIST OF COLUMBIA
   DSC Code
   41, WGI
   42, Prim Skill
   43, HR Processor
   44, SESPC
   1-USA
   45, Ed Level
   1974
   46, Yr Degree Attained
   47, Academic Discipline
   00
   48, Functional Class
   00
   49, Citizenship
   X
   50, Veterans Status
   2
   51, Supervisory Status
   Non Vet

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Position
   Initial/Signature

2. Approval: I certify that the information entered on this form is accurate and
   the proposed action is in compliance with statutory and regulatory requirements.
## OFFICE OF THE SECRETARY
### HUMAN RESOURCES OFFICE

**CIVIL SERVICE CHECK-OUT FORM**

- The purpose of this form is to ensure that all your official & personal affairs are in order before departing.
- S/ES-EX cannot assume responsibility for any of your obligations after you depart.
- Check out Forms must be initialed by a staff member from each section. **FORMS SHOULD NOT BE INITIALED BY THE EMPLOYEE.**

### EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Cheryl Mills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last day in office</td>
<td></td>
</tr>
<tr>
<td>Forwarding Address</td>
<td></td>
</tr>
<tr>
<td>Personal E-mail</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

### BUDGET AND TRAVEL OFFICE

- **Rm. 7507 (Ext. 7-5946)**
  - Initial: __________ Date: __________
    - Citibank Bank Travel Card (transfer to new bureau)
    - Diplomatic Passport Returned or Cancelled
    - Outstanding Travel Vouchers/Advances

### SECURITY

- **Rm. 5634 (Ext.-6-4848)**
  - Initial: __________ Date: __________
    - S Bureau Security Check Out Form
    - Notify BSO of Departure Date (7TH floor access deletion)
    - Return QUICK2000 ESCAPE Mask only if leaving the Department
    - Provide BSO a list of all routinely accessed safes
    - Schedule an SCI Debrief (Contact:

### All Employees Rm. 7512 (Ext. 7-3574)

- Initial: __________ Date: __________
  - Contact Clarence Finney, S/ES-CR for out processing
  - DS-1904 – Authorization for Removal of Personal Papers and Non-Record Materials (Contact Clarence Finney x7-3574)
  - Attended S/ES Record keeping and Electronic records removal departure brief
  - Debriefed on record retention responsibilities with bureau record officer
  - Executive Office (S/ES-EX)

### GENERAL SERVICES OFFICE

- **Rm. 7519 (Ext. 7-6883)**
  - Initial: __________ Date: __________
    - Return Parking Permit

### SYSTEMS Poems Help Desk

- **8th Floor (Ext. 7-8700)**
  - Initial: __________ Date: __________
    - Notify POEMS of transfer from bureau and request transfer guidance
    - Return all borrowed equipment (BB, RSA Token, Laptop, thumb drive, portable printer/scanner) to Mobile Solutions (Rm 7437; 7-8555 or 7-0811)
    - Open M-F, 7am-7pm
    - Turn in Secure Cell phone (Contact Purcell Lee x 7-1532)
OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

DESIGNATORY TO HANDLE YOUR BILLS AFTER DEPARTURE

I hereby designate ______________________________ to settle all outstanding obligations on my behalf.

Signature of Employee __________________________

Signature of Designee __________________________

HUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638)
Complete & deliver evaluations on supervised employees' work
Did you receive a copy of your performance evaluation?
SF-32

DS-8
Terminate Special Differential
Separation Statement (OF-109)
Passes: Building Pass/Ops Center
SF-2810 (Health Insurance Change Plan when going overseas)
SF-2821 (Life Insurance)
TSP Package
SF-2818 (Post-Retirement Coverage)
SF-2819 (Application for Refund of Retirement Deduction-CSRS)
SF 7002 OPM-3116 (Refund of Retirement Contributions)
SF-126 (Residence and Dependency Report)
SF-278 (Financial Disclosure Report and Termination Certification Statement)
Timekeeper Notified
SF-8 (Unemployment Comp.)
Training (Cancel)
DS-1971 (Termination Certification Statement)

All Check Out Requirements satisfied (Dep. Exec. Director) Rm. 7507

REMEMBER: IF TRANSFERRING OVERSEAS, HAVE YOU...

☐ Made personal arrangements for insurance of effects and vehicle during transit to your next assignment?
☐ Arranged for transfer of schools records?

6/4/2015
CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN

MILLS, Cheryl D.

(Name of Individual — Printed or typed)

AND THE UNITED STATES

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12958, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Section 1.1, 1.2, 1.4(e) of Executive Order 12958, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that in such a case I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of information in question or the granting of a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of any information, I am required to consult with an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b) above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearance; or termination of my employment or other relationships with the Departments or Agencies that granted my security clearance or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 641, 793, 794, 798, 952 and 1924, Title 18, United States Code, "the provisions of Section 783(b), Title 50, United States code, and the provisions of the intelligence Identities Protection Act of 1982. I recognize that nothing in the Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, will result or may result from any disclosure, publication or revelation of classified information not consistent with the terms of this Agreement.

6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that requires access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Sections 793 and/or 1924, Title 18, United States Code, a United States criminal law.

8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

(Continue on reverse.)
10. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12958, Section 7211 of Title 5, United States code (governing disclosures to Congress); Section 1034 of Title 18, United States code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b) (8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse, or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that expose confidential Government agents), and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, 952 and 1824 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

11. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this agreement and its implementing regulation (32 CFR Section 2003.20) so that I may read them at this time, if I so choose.

SIGNATURE

DATE (mm-dd-yyyy) 01-29-09

SOCIAL SECURITY
NUMBER
(See Notice below)

ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER)

Department of State
2201 C Street NW
Washington, DC 20520

WITNESS

THE EXECUTION OF THIS AGREEMENT WAS WITNESSED

BY THE UNDERSIGNED.

SIGNATURE

DATE (mm-dd-yyyy) 01-29-09

NAME AND ADDRESS (Type or print)

Department of State
2201 C Street NW
Room 1818
Washington, DC 20520

ACCEPTANCE

THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON

BEHALF OF THE UNITED STATES GOVERNMENT.

SIGNATURE

DATE (mm-dd-yyyy) 01-29-09

NAME AND ADDRESS (Type or print)

Department of State
2201 C Street NW
Washington, DC 20520

SECURITY DEBRIEFING ACKNOWLEDGMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

SIGNATURE OF EMPLOYEE

DATE (mm-dd-yyyy) 01-29-09

NAME OF WITNESS (Type or print)

SIGNATURE OF WITNESS

DATE (mm-dd-yyyy)

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*NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

STANDARD FORM 312 BACK (Rev. 1-09)
CHERYL MILLS  SSN:  

SHE WAS ADMINISTRATIVELY DEBRIEFED BY DS/IS/SSO ON FEBRUARY 27, 2015. X 77101 ROOM 2239

S. GILLMORE 3/13/2015 12:10 P.M.

RELEASE IN PART B7(C), B6

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer
Agency Certification of Insurance Status
Federal Employees' Group Life Insurance Program

To Agency: See reverse for information and instructions

1. Name of employee (Last, first, middle) 
   Mills, Cheryl D.

4a. Event requiring certification
   - [X] Separation (includes resignation)
   - [ ] Retirement
   - [ ] Death as an employee
   - [ ] Had employee filed Application for Retirement (SF 2801 or SF 3107) with OPM?

4b. Employee's retirement system
   - [ ] CSRS/FRS
   - [ ] FERS
   - [ ] TVA
   - [ ] DRS
   - [ ] Other (Specify)

5. Disposition of Designations of Beneficiary (SF 54, SF 2023)
   - [ ] Attached
   - [ ] None on file with this agency
   - [ ] On file in employee's Official Personnel Folder

4c. OWCP number (if applicable)
   - [ ] No
   - [ ] Yes

6. Did the employee assign his/her insurance?
   - [ ] No
   - [ ] Yes (attach RI 76-10)

7. Did the employee elect living benefits?
   - [ ] No
   - [ ] Yes

8. Date of event checked in item 4a
   - 02/01/2013

9. Date of SF 2819, Notice of Conversion Privilege - Insurance is Mandatory
   - (Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retiring employees)

10. Annual basic pay (not basic insurance amount) on date in item 8
    - $179,655.00

12a. Did employee have Option A - Standard Insurance on date in item 8?
    - [ ] No
    - [ ] Yes

12b. Amount of Option A
    - 

12c. Effective date of election
    - 04-26-2009

13a. Did employee have Option C - Family Insurance on date in item 8?
    - [ ] No
    - [ ] Yes

13b. Effective date of election
    - 

14a. Did employee have Option B - Additional Insurance on date in item 8?
    - [ ] No
    - [ ] Yes

14b. Effective date of election
    - 

14c. Number of multiples on date in item 8
    - 2

14d. Lowest number of multiples during last 5 years
    - 

15. Personnel records certification
    (This form will not be accepted without both personnel and payroll certification.)
    - I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employee's Group Life Insurance on the date in item 8.

15a. Signature of certifying official (Facsimile not acceptable)
    - Carol P. Carter

15b. Typed name of certifying official
    - Carol P. Carter

15c. Title
    - Human Resources Specialist

15d. Date
    - 01/24/2013

15e. Name and address of agency (Including ZIP code)
    - U.S. Department of State
    - 2201 C Street, N.W.
    - HST Building, Room 7507
    - Washington, D.C. 20520

15f. Telephone number (Including area code)
    - 202 647-6090

16. Payroll records certification
    (This form will not be accepted without dual certification.)
    - I certify that I have compared the annual basic pay shown in item 10, above, with current payroll records and the figures agree.
    - Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code
    - (Insurance code and SF 50 equivalent) on the date in item 8.

16a. Signature of certifying official (Facsimile not acceptable)

16b. Typed name of certifying official

16c. Title

16d. Date
    - 

16e. Telephone number (Including area code)
    - 

16f. Name and address of payroll office (If different from that given in item 15e)
    - 

16g. Payroll office number
    - 

Remarks (For agency use only)
    - OPM use only

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833729 Date: 11/05/2015
### Federal Employees' Group Life Insurance Program

**Agency Certification of Insurance Status**

**To Agency:** See reverse for information and instructions.

<table>
<thead>
<tr>
<th>1. Name of employee (Last, first, middle)</th>
<th>2. Date of birth (Month, day, year)</th>
<th>3. Social Security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mills, Cheryl D.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4a. Event requiring certification**

<table>
<thead>
<tr>
<th>X Separation (includes resignation)</th>
<th>Retirement</th>
<th>Death as an employee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Had employee filed Application for Retirement (SF 2080 or SF 3107) with OPM?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**4b. Employee's retirement system**

<table>
<thead>
<tr>
<th>CSRS/FERS</th>
<th>FICA</th>
</tr>
</thead>
</table>

**5. Disposition of Designation of Beneficiary**

<table>
<thead>
<tr>
<th>(SF 54, SF 2823)</th>
<th>Attached</th>
<th>None on file with this agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On file in employee's Official Personnel</td>
<td>Folder</td>
</tr>
</tbody>
</table>

**4c. OWCP number (if applicable)**

| No | Yes (attach RI 76-10) |

**6. Did the employee assign his/her insurance?**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

**7. Did the employee elect living benefits?**

| Partial (post-election BIA $ ) | Full |

**8. Date of event checked in item 4a**

| 02/01/2013 |

**9. Date of SF 2019, Notice of Conversion Privilege - Insurance Is Mandatory (Prepare SF 2019, for each employee whose coverage as an employee terminates, including all retiring employees)**

| $179,655.00 |

**10. Annual basic pay (not basic insurance amount) on date in item 8**

| Convert hourly, daily, piecework, etc., rate to annual rate |

**11. Effective date of continuous coverage under the FEGLI Program**

| If any break in service, list dates |

**12a. Did employee have Option A - Standard Insurance on date in item 8?**

| No | Yes |

**12b. Amount of Option A**

| |

**12c. Effective date of election**

| No | Yes |

**12d. Effective date of election**

| 04-26-2009 |

**13a. Did employee have Option C - Family Insurance on date in item 8?**

| No | Yes |

**13b. Effective date of election**

| |

**14a. Did employee have Option B - Additional Insurance on date in item 8?**

| No | Yes |

**14b. Effective date of election**

| 04-26-2009 |

**14c. Number of multiples on date in item 8**

| |

**14d. Lowest number of multiples during last 5 years**

| |

**15. Personnel records certification** *(This form will not be accepted without both personnel and payroll certification.)*

| I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employee's Group Life Insurance on the date in item 8. |

**15a. Signature of certifying official (Facsimile not acceptable)**

| Carol P. Carter |

**15b. Typed name of certifying official**

| Human Resources Specialist |

**15c. Title**

| |

**15d. Date**

| 01/24/2013 |

**15e. Name and address of agency (Including ZIP code)**

| U.S. Department of State |

**15f. Telephone number (Including area code)**

| 202 647-6090 |

**16. Payroll records certification** *(This form will not be accepted without dual certification.)*

| I certify that I have compared the annual basic pay shown in item 10, above, with current payroll records and the figures agree. Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (Insurance code and SF 50 equivalent) on the date in the item 8. |

**16a. Signature of certifying official (Facsimile not acceptable)**

| |

**16b. Typed name of certifying official**

| |

**16c. Title**

| |

**16d. Date**

| 16e. Telephone number (Including area code) |

| 16g. Payroll office number |

**Remarks (For agency use only)**

| OPM use only |
### Agency Certification of Insurance Status

**Federal Employees' Group Life Insurance Program**

<table>
<thead>
<tr>
<th>1. Name of employee (Last, first, middle)</th>
<th>2. Date of birth. (Month, day, year)</th>
<th>3. Social Security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mills, Cheryl D.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4a. Event requiring certification
- [X] Separation (includes resignation)
- [ ] Retirement
- [ ] Death as an employee
- [ ] Had employee filed Application for Retirement (SF 2801 or SF 3109) with OPM?

#### 4b. Employee's retirement system
- [ ] CSRS/FRS
- [ ] FERS
- [ ] FRS
- [ ] DCRS
- [ ] OPM
- [ ] Other (Specify): FICA

#### 5. Disposition of Designations of Beneficiary
- [ ] Attached
- [ ] None on file with this agency
- [ ] On file in employee's Official Personnel Folder

#### 6. Did the employee assign higher insurance?
- [ ] No
- [ ] Yes (attach RI 75-10)

#### 7. Did the employee elect living benefits?
- [ ] No
- [ ] Yes
- [ ] Partial
- [ ] Full

#### 8. Date of event checked in item 4a
- 02/01/2013

#### 9. Date of SF 2819, Notice of Conversion Privilege - Insurance is Mandatory
- (Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retiring employees)

#### 10. Annual basic pay (not basic insurance amount) on date in item 8
- $79,655.00

#### 11. Effective date of continuous coverage under the FEGLI Program (if any break in service, list dates)

#### 12a. Did employee have Option A - Standard Insurance on date in item 8?
- [ ] No
- [ ] Yes

#### 12b. Amount of Option A
- [ ]

#### 12c. Effective date of election
- [ ] No
- [ ] Yes

#### 12d. Effective date of election
- 04-26-2009

#### 13a. Did employees have Option C - Family Insurance on date in item 8?
- [ ] No
- [ ] Yes

#### 14a. Did employee have Option B - Additional Insurance on date in item 8?
- [ ] No
- [ ] Yes

#### 14b. Effective date of election
- 04-26-2009

#### 14c. Number of multiples on date in item 8
- [ ]

#### 14d. Lowest number of multiples during last 5 years
- [ ]

#### 15. Personnel records certification (This form will not be accepted without both personnel and payroll certification."
- I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employee's Group Life Insurance on the date in item 8.

#### 15a. Signature of certifying official (Facsimile not acceptable)
- U.S. Name and address of agency (Including ZIP code)
  - 2201 C Street, N.W.
  - HST Building, Room 7507
- Washington, D.C. 20520

#### 15b. Typed name of certifying official
- Carol P. Carter

#### 15c. Title
- Human Resources Specialist

#### 15d. Date
- 01/24/2013

#### 15e. Telephone number (Including area code)
- 202 647-6090

#### 16. Payroll records certification (This form will not be accepted without dual certification.)
- I certify that I have compared the annual basic pay shown in item 10, above, with current payroll records and the figures agree.
- Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code
- (Insurance code and SF 50 equivalent) on the date in the item 8.

#### 16a. Signature of certifying official (Facsimile not acceptable)
- U.S. Name and address of payroll office (If different from that given in item 15a)

#### 16b. Typed name of certifying official
- OPM use only

#### 16c. Title
- OPM use only

#### 16d. Date
- 01/24/2013

#### 16e. Telephone number (Including area code)
- 202 647-6090

#### 16f. Payroll office number
- OPM use only

#### Remarks (For agency use only)
- OPM use only
**REQUEST FOR BUILDING PASS IDENTIFICATION CARD**

### APPLICANT SECTION (1-20)

<table>
<thead>
<tr>
<th>1. Applicant Name (Last, First, Middle, Suffix)</th>
<th>Mills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Social Security Number</td>
<td>Cheryl D</td>
</tr>
<tr>
<td>3. Date of Birth (mm-dd-yyyy)</td>
<td></td>
</tr>
<tr>
<td>4. Citizenship (If Other, Specify)</td>
<td>U.S.</td>
</tr>
<tr>
<td>5. Dual Citizenship (Specify Country)</td>
<td></td>
</tr>
<tr>
<td>6. Gender</td>
<td>Female</td>
</tr>
<tr>
<td>7. Applicant Home Address (Street)</td>
<td></td>
</tr>
<tr>
<td>8. Apt. Number</td>
<td></td>
</tr>
<tr>
<td>9. City</td>
<td></td>
</tr>
<tr>
<td>10. State</td>
<td></td>
</tr>
<tr>
<td>11. ZIP Code</td>
<td></td>
</tr>
<tr>
<td>12. Applicant E-Mail Address</td>
<td></td>
</tr>
</tbody>
</table>

**U.S. Department of State**

**13. Employer Name**

**14. Employer Phone Number**

**15. Employer Job Title**

**16. Employer Address (Street)**

**17. Suite Number**

**18. City**

**19. State**

**20. ZIP Code**

**21. State Department Sponsor (Printed Name)**

Cynthia J. Motley

**22. Sponsor Office Phone Number**

202-647-6040

**SPONSOR SECTION (21-34)**

<table>
<thead>
<tr>
<th>23. Sponsor Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX</td>
</tr>
<tr>
<td>HR</td>
</tr>
<tr>
<td>DIR</td>
</tr>
<tr>
<td>CO</td>
</tr>
<tr>
<td>COR</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

**24. Sponsor Office Symbol**

S/ES-EX

<table>
<thead>
<tr>
<th>25. Type of Building Pass Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOS USG Employee — DOS Org. Code</td>
</tr>
<tr>
<td>Contractor (Complete Items 27, 28, 29)</td>
</tr>
<tr>
<td>Other USG Employee — (Specify Agency)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26. Escort Authority (Clearance or Public Trust Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>27. Contract Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Contract Dates (mm-dd-yyyy)</td>
</tr>
</tbody>
</table>

To

<table>
<thead>
<tr>
<th>29. Classified Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>30. Hours of Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Business Hours (7:00 AM to 6:30 PM/Monday-Friday)</td>
</tr>
<tr>
<td>Special Business Hours (5:30 AM to 8:30 PM/Monday-Friday)</td>
</tr>
<tr>
<td>24 Hr./7 Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32. Sponsor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>33. Date Signed (mm-dd-yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>34. Sponsor DOS Building Pass Number</th>
</tr>
</thead>
</table>

**PRIVACY ACT STATEMENT**

Authority: 22 USC 2655; Executive Order 9397; Executive Order 10450; Executive Order 12958, as amended; and section 505(a) of the Federal Records Act of 1950, as amended. (See instruction page for Purpose and Routine Uses)
## REQUEST FOR BUILDING PASS IDENTIFICATION CARD
(Continued)

### DS/SSD/DSIS USE ONLY

<table>
<thead>
<tr>
<th>A. SmartCard Badge Number Issued</th>
<th>B. Wiegand Badge Number Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PIN issued</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. SmartCard Badge Number Returned</th>
<th>D. Wiegand Badge Number Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Issuance Style - SmartCard</th>
<th>F. Issuance Style Wiegand</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>New</td>
</tr>
<tr>
<td>Lost</td>
<td>Lost</td>
</tr>
<tr>
<td>Damaged</td>
<td>Damaged</td>
</tr>
<tr>
<td>Upgrade/Update</td>
<td>Upgrade/Update</td>
</tr>
<tr>
<td>Renewal</td>
<td>Renewal</td>
</tr>
<tr>
<td>Stolen</td>
<td>Stolen</td>
</tr>
<tr>
<td>Info Change</td>
<td>Info Change</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Badge Type - SmartCard</th>
<th>H. Badge Type - Wiegand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. Current Clearance Level</th>
<th>J. Date Granted (mm-dd-yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>L. DSIS Operator</th>
<th>M. Operator Initials</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>N. DSIS Supervisor</th>
<th>O. Supervisor Initials</th>
</tr>
</thead>
</table>

#### SPECIAL ACCESS/CLEARANCE CODES

<table>
<thead>
<tr>
<th>Add Bluestripe</th>
<th>Remove Bluestripe</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>SSO USE ONLY</th>
<th>Briefed</th>
<th>De-Briefed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A. SCI Clearance Verified as:</th>
<th>B. Date Verified (mm-dd-yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-5</td>
<td></td>
</tr>
<tr>
<td>Proximity-4</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Add Orangestripe</th>
<th>Remove Orangestripe</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INR USE ONLY</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A. Office Symbol Requesting Code</th>
<th>B. Date Requested (mm-dd-yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Authorized By (Printed Name and Signature)</th>
</tr>
</thead>
</table>

#### OTHER SPECIAL ACCESS CODE

<table>
<thead>
<tr>
<th>A. Requesting Office</th>
<th>B. Code</th>
<th>C. Date Requested (mm-dd-yyyy)</th>
<th>C. Authorized By (Printed Name and Signature)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes/Comments:

---

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833739 Date: 11/05/2015
TERMINATION CERTIFICATION STATEMENT
EXECUTIVE PERSONNEL FINANCIAL DISCLOSURE REPORT (SF-278)

TERMINATION FILING

Date (mm-dd-yyyy) __________________________

$200 Late Filing Fee: I certify that I have received the SF-278, Executive Personnel Financial Disclosure Report, with instructions. I also have been advised that I can obtain an electronic version of the SF-278 by accessing the following: http://www.sf278wizard.state.gov/. I understand that the completed form must be filed with the Financial Disclosure Division (L/Ethics/FD), Office of the Legal Adviser, U.S. Department of State, Washington, DC 20522-0102, within 30 days of the effective date of termination from my SF-278 covered position. I further understand that I have an additional 30-day grace period to ensure that my report reaches L/Ethics/FD. If my Termination SF-278 is not received in L/Ethics/FD within 60 days of my termination date, absent an extension, I will incur a $200 late filing fee.

Cheryl D. Mills
Full Name (Type or Print)

______________________________
Signature

Chief of Staff / Counselor, ES-130-00
Title and Grade

Termination/Transfer Date (mm-dd-yyyy) 02-01-2013

Current Post

Forwarding Address or Post

Forwarding Telephone

Forwarding Email Address

*Note: Foreign Service Officers serving in senior "stretch" assignment must file a Termination report within 30 days of departure from the senior position unless transferring directly to another senior position.

Mail to:
U.S. Department of State
L/Ethics/FD
SA-1, Room H-228
Washington, DC 20522-0102
Phone: 202-663-3770
I, Cheryl D. Mills acknowledge receipt of this notice.

__Employee Signature__  __Date__
FISCAL CLEARANCE FOR FINAL SALARY PAYMENT

1. To (Agency) DoS

2. Type of Separation
   - Resignation
   - Retirement

3. Retirement System
   - CSC
   - FICA

4. Employees Name (Last, First, Mi.) Mills Cheryl D

5. Employee Number

6. Pay Plan and Grade/Level
   - ES-130-00

7. Mailing Name (If used while employed by the Department)

8. Home or Mailing Address

This form is to be filled out for every American Foreign Service employee of the Department and every Departmental employee who is to be separated. After making appropriate entries, forward it to the Department (See Item 1 above). Final salary payment will not be made until all items shown below are satisfactorily accounted for and arrangements made to satisfy any indebtedness the employee may have to the U.S. Government.

9. Outstanding Obligations (To be completed by officials, as appropriate)

<table>
<thead>
<tr>
<th>Types of Exceptions or Indebtedness</th>
<th>Entry By (Initials)</th>
<th>Date</th>
<th>Name, Symbol, Period of Accounts Voucher Number</th>
<th>Appropriation, Allotment, Obligation, Number and Object Class</th>
<th>Amount of Indebtedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. General Accounting Office (GAO) Exceptions and/or Inquiries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Advances</td>
<td></td>
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<tr>
<td>Travel and Transportation</td>
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<td></td>
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<tr>
<td>Payroll</td>
<td></td>
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<tr>
<td>Effects Control</td>
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</tr>
<tr>
<td>Loaned Property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Library Materials, Departmental</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Medical Indebtedness</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Indebtedness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Indebtedness

Less Check(s) or Money Order(s) Submitted by Employee

Balance to be deducted by the United States Government

10. Transportation Request Status (To be completed by Employee's Administrative Office)

   Was travel authorized at Government expense for separation?  
   - YES  
   - NO

   If the answer is yes, show Travel Authorization Number, Date, and list all outstanding Government Transportation Requests under Item 11, Remarks.

11. Remarks

   Resignation due to change in agency leadership.

12. Date (mm-dd-yyyy) 13. Typed Name and Signature of Authorized Finance Official, Title and Post or Division
   - 01-24-2013
   - Carol P. Carter, Human Resources Specialist

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833750 Date: 11/05/2015
<table>
<thead>
<tr>
<th>Item</th>
<th>Rec'd</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resignation Letter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-52 - Notification of Personnel Action (PO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-312 - Classified Information Non-disclosure Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OF-109 - Separation Statement (PO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-1152 - Designation of Beneficiary (Unpaid, Compensations) (E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-2810 - Notice of Change in Health Benefits Enrollment (PO)</td>
<td>1-24-2013</td>
<td></td>
</tr>
<tr>
<td>TCC - Temporary Continuation of Health Benefits Coverage (Cobra) - Letter</td>
<td>1-19-2013</td>
<td></td>
</tr>
<tr>
<td>SF-2819 - Notice of Conversion Privilege (FEGLI)</td>
<td>1-24-2013</td>
<td></td>
</tr>
<tr>
<td>SF-2823 - Designation of Beneficiary FEGLI (Life Insurance) (E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-2821 - Agency Certification of Insurance Status (PO)</td>
<td>1-24-2013</td>
<td></td>
</tr>
<tr>
<td>SF-2802 - Application for Refund of Retirement Contributions (E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-3102 - Designation of Beneficiary FERS (E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-3106 - Application for Refund of Retirement Deductions (FERS)(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-3107 - Application for Immediate Retirement FERS (E)</td>
<td>1-28-2013</td>
<td>Print Booklet for employee</td>
</tr>
<tr>
<td>PAK - Thrift Savings Plan Withdrawal Package</td>
<td>1-28-2013</td>
<td></td>
</tr>
<tr>
<td>SF-278 - Executive Branch Personnel Public Disclosure Report (E)</td>
<td>1-24-2013</td>
<td>Print Copy</td>
</tr>
<tr>
<td>Letter - Certification Statement for SF-278 Termination Filing</td>
<td>1-24-2013</td>
<td>DS - 172</td>
</tr>
<tr>
<td>Notice: Post-Government Employment Restrictions and Conflicts of Interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-8 - Unemployment Compensation for Federal Employees (UCFE) Program (PO)</td>
<td>1-24-2013</td>
<td></td>
</tr>
<tr>
<td>DS-8 - Fiscal Clearance for Final Salary Payment (PO)</td>
<td>1-24-2013</td>
<td></td>
</tr>
<tr>
<td>DS-8a - Administrative Clearance for Separation (PO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of State Telephone Locator (PO)</td>
<td></td>
<td>Check with employee</td>
</tr>
<tr>
<td>OTHER ITEMS COVERED UPON DEPARTURE - Personnel Officer will request return of the following items:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citibank Travel Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Department of State Identification Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White House Pass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit Pin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parking Permit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cellular Telephone(charger, car adapter, batteries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passports (may be cancelled and returned to you to be</td>
<td></td>
<td></td>
</tr>
<tr>
<td>kept as mementos if desired)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833750 Date: 11/05/2015**
ETHICS PLEDGE

As a condition, and in consideration, of my employment in the United States Government in a position invested with the public trust, I commit myself to the following obligations, which I understand are binding on me and are enforceable under law:

1. **Lobbyist Gift Ban.** I will not accept gifts from registered lobbyists or lobbying organizations for the duration of my service as an appointee.

2. **Revolving Door Ban: All Appointees Entering Government.** I will not for a period of 2 years from the date of my appointment participate in any particular matter involving specific parties that is directly and substantially related to my former employer or former clients, including regulations and contracts.

3. **Revolving Door Ban: Lobbyists Entering Government.** If I was a registered lobbyist within the 2 years before the date of my appointment, in addition to abiding by the limitations of paragraph 2, I will not for a period of 2 years after the date of my appointment:
   (a) participate in any particular matter on which I lobbied within the 2 years before the date of my appointment;
   (b) participate in the specific issue area in which that particular matter falls; or
   (c) seek or accept employment with any executive agency that I lobbied within the 2 years before the date of my appointment.

4. **Revolving Door Ban: Appointees Leaving Government.** If, upon my departure from the Government, I am covered by the post employment restrictions on communicating with employees of my former executive agency set forth in section 207(c) of title 18, United States Code, I agree that I will abide by those restrictions for a period of 2 years following the end of my appointment.

5. **Revolving Door Ban: Appointees Leaving Government to Lobby.** In addition to abiding by the limitations of paragraph 4, I also agree, upon leaving Government service, not to lobby any covered executive branch official or non-career Senior Executive Service appointee for the remainder of the Administration.

6. **Employment Qualification Commitment.** I agree that any hiring or other employment decisions I make will be based on the candidate's qualifications, competence, and experience.

7. **Assent to Enforcement.** I acknowledge that the Executive Order entitled "Ethics Commitments by Executive Branch Personnel," issued by the President on January 21, 2009, which I have read before signing this document, defines certain of the terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive Order as a part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Federal Government service.

Signature

26 May 2009

Mills, Cheryl D
THrift Savings Plan
Election Form

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the Summary of the Thrift Savings Plan and the instructions on the back of this form. Type or print all information. Return the completed form to your agency personnel or benefits office. Your agency should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. Mills
   (Last)
   Cheryl
   (First)
   (Middle)

2. 
   Street Address
   Number

3. 
   Social Security Number

4. 
   (202) 647-5548
   Daytime Phone (Area Code and Number)

5. Secretary
   (Agency and Organization)

II. START OR CHANGE YOUR CONTRIBUTIONS

To start or change the amount of your contributions to your TSP account, enter either a whole percentage of your basic pay per pay period (Item 6) or a whole dollar amount per pay period (Item 7). Skip to Section IV.

6. __________
   OR
   7. $_________

III. STOP YOUR CONTRIBUTIONS

To stop your contributions to the TSP, check Item 8 and complete Section IV. (If you are a FERS employee and you are eligible to receive Agency Automatic (1%) Contributions, those 1% contributions will continue. Read the instructions on the back.)

8. [ ] I want to stop contributing to my TSP account. I understand that my payroll contributions will stop no later than the first full pay period after my agency employing office receives this form.

IV. SIGNATURE

9. ____________________________
   Participant’s Signature

10. 12/18/09
    Date Signed (mm/dd/yyyy)

V. FOR EMPLOYING OFFICE USE ONLY

11. 19-00-0003
    Payroll Office Number

12. 12/18/09
    Receipt Date (mm/dd/yyyy)

13. 12/30/09
    Effective Date (mm/dd/yyyy)

14. ____________________________
    Signature of Agency Official

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees’ Retirement System. We will use this information to identify your TSP account and to process this form. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector entities, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this Information, but if you do not provide it, we will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833755 Date: 11/05/2015
THRIFT SAVINGS PLAN
DESIGNATION OF BENEFICIARY

Use this form to designate a beneficiary or beneficiaries to receive your civilian Thrift Savings Plan (TSP) account after your death. Do not give your completed Form TSP-3 to your employing agency. In order for your form to be valid, this form must be received by the TSP record keeper. If your agency mishandles the transmission of this form, and this form is not received by the TSP record keeper on or before your date of death, it is invalid. Type or print the information requested. Do not alter this form or the information you enter. Use form TSP-U-3 to designate a beneficiary for a uniformed services account.

I. INFORMATION ABOUT YOU
1. Name
   First: Mills, Cheryl D
   Middle: D

2. TSP Account Number
   [Blank]

3. Date of Birth (mm/dd/yyyy)
   [Blank]

4. Daytime Phone (Area Code and Number)
   (202) 647-5548

5. Address
   [Blank]

6. City
   [Blank]

7. State/Country
   [Blank]

8. Zip Code
   [Blank]

II. DESIGNATING YOUR BENEFICIARIES
Indicate in whole percentages the share of your TSP account to be paid to each beneficiary.

1. Beneficiary Name (Last)
   [Blank]

   (First) [Blank]

   (Middle) [Blank]

   Social Security Number/EIN
   [Blank]

   Date of Birth (mm/dd/yyyy)
   [Blank]

   Relationship
   [Blank]

2. Beneficiary Name (Last)
   [Blank]

   (First) [Blank]

   (Middle) [Blank]

   Social Security Number/EIN
   [Blank]

   Date of Birth (mm/dd/yyyy)
   [Blank]

   Relationship
   [Blank]

3. Beneficiary Name (Last)
   [Blank]

   (First) [Blank]

   (Middle) [Blank]

   Social Security Number/EIN
   [Blank]

   Date of Birth (mm/dd/yyyy)
   [Blank]

   Relationship
   [Blank]

4. Check here if additional pages are used. Number of additional pages: [Blank]
   (See back of form.)

III. YOUR SIGNATURE
Sign and date this section. Your signature must be witnessed in Section IV.

[Signature]
04.26.09

(First Name)

(Second Name)

IV. WITNESSES TO SIGNATURE
This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. (A witness cannot be a beneficiary of any portion of your TSP account.) By signing below, the witnesses affirm that the participant:
(a) signed Section III in their presence, or
(b) informed them that the signature in Section III is the participant's own signature.

Witness 1
Lori McLean
Typed or Printed Name of First Witness

Signature of First Witness

Witness 2
Nora Toy
Typed or Printed Name of Second Witness

Signature of Second Witness

Form TSP-3 (12/2008)
PREVIOUS EDITIONS OBSOLETE
OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

CIVIL SERVICE CHECK-OUT FORM

- The purpose of this form is to ensure that all your official & personal affairs are in order before departing.
- S/ES-EX cannot assume responsibility for any of your obligations after you depart.
- Check out Forms must be initialed by a staff member from each section. **FORMS SHOULD NOT BE INITIALED BY THE EMPLOYEE.**

EMPLOYEE INFORMATION

Name: Huma Abedin
Current Office

Last day in office
Gaining Bureau or Post

Forwarding Address

Personal E-mail
Phone Number

BUDGET AND TRAVEL OFFICE Rm. 7507 (Ext. 7-5946)

Initial
Date

Citibank Travel Card (transfer to new bureau)

Diplomatic Passport Returned or Cancelled

Outstanding Travel Vouchers/Advances

SECURITY Rm. 5634 (Ext.-6-4848)

Initial
Date

S Bureau Security Check Out Form

Notify BSO of Departure Date 7th floor access deletion

Return QUICK2000 ESCAPE Mask only if leaving the Department

Provide BSO a list of all routinely accessed safes

Schedule an SCI Debrief (Contact:

All Employees Rm. 7512 (Ext. 7-3574)

Initial
Date

Contact Clarence Finney, S/ES-CR for out processing

DS-1904 – Authorization for Removal of Personal Papers and Non-Record Materials (Contact Clarence Finney x7-3574)

Attended S/ES Record keeping and Electronic records removal departure brief

Debriefed on record retentation responsibilities with bureau record officer

Executive Office (S/ES-EX)

GENERAL SERVICES OFFICE Rm. 7519 (Ext. 7-6883)

Initial
Date

Return Parking Permit

SYSTEMS Poems Help Desk 8th Floor (Ext. 7-8700)

Initial
Date

Notify POEMS of transfer from bureau and request transfer guidance

Return all borrowed equipment (BB, RSA Token, Laptop, thumb drive, portable printer/scanner) to Mobile Solutions (Rm 7437; 7-8555 or 7-0811)

Open M-F, 7am-7pm

Turn in Secure Cell phone (Contact Purcell Lee x 7-1532)

6/4/2015
Page 1 of 2
DESIGNATORY TO HANDLE YOUR BILLS AFTER DEPARTURE

I hereby designate ______________________ to settle all outstanding obligations on my behalf.

**Signature of Employee** ______________________  **Signature of Designee** ______________________

**HUMAN RESOURCES OFFICE Rm. 7507 (Ext. 7-5638)**
Complete & deliver evaluations on supervised employees'
Did you receive a copy of your performance evaluation?

- SF-72
- SF-5
- Terminate Special Differential
- Separation Statement (OF-109)
- Passport: Building Pass/Ops Center
- SF-3010 (Health Insurance Change Plan when going overseas)
- SF-2821 (Life Insurance)
- TSP Package
- SF-2816 (Post Retirement Coverage)
- SF-2819 (Application for Refund of Retirement Deduction-CSRS)
- SF-2802 OR OPM-3108 (Refund of Retirement Contributions)
- QF-126 (Residence and Dependency Report)
- SF-278 (Financial Disclosure Report and Termination Certification Statement)
- Timekeeper Notified
- SF-8 (Unemployment Comp.)
- Training (Greece)
- DS-1971 (Termination Certification Statement)

**All Check Out Requirements satisfied (Dep. Exec. Director) Rm. 7507**

**REMEMBER: IF TRANSFERRING OVERSEAS, HAVE YOU...**

- [ ] Made personal arrangements for insurance of effects and vehicle during transit to your next assignment?
- [ ] Arranged for transfer of schools records?

**Initial** ______________________  **Date** ______________________
**OFFICE OF THE SECRETARY**  
**HUMAN RESOURCES OFFICE**  
**CHECK-OUT FORM**

- The purpose of this form is to ensure that all your official & personal affairs are in order before departing.
- S/ES-EX cannot assume responsibility for any of your obligations after you depart.
- Check Out Forms must be initialed by a staff member from each section. **FORMS SHOULD NOT BE INITIALED BY THE EMPLOYEE.**

### EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Abedin, Huma M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Office</td>
<td>Office of the Secretary</td>
</tr>
<tr>
<td>Last day in office</td>
<td>Friday February 1, 2013</td>
</tr>
<tr>
<td>Forwarding Address</td>
<td></td>
</tr>
<tr>
<td>Personal E-mail</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

### BUDGET AND TRAVEL OFFICE Rm. 7507 (Ext. 7-5946)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Diplomatic Passport Returned or Cancelled
- Outstanding Travel Vouchers/Advances

### SECURITY Rm. 5634 (Ext.: 6-4849)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- S Bureau Security Check Out Form
- Notify BSO of Departure Date 7th floor access deletion
- Return QUICK2000 ESCAPE Mask only if leaving the Department
- Provide BSO a list of all routinely accessed safes
- Schedule an SCI Debrief

### GENERAL SERVICES OFFICE Rm. 7519 (Ext. 7-6883)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Return Parking Permit

### SYSTEMS POEMS Help Desk 8th Floor (Ext. 7-8700)

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Notify POEMS of transfer from bureau and request transfer guidance
- Return all borrowed equipment (BB, RSA Token, Laptop, thumb drive, portable printer/scanner) to Mobile Solutions (Rm 7437; 7-8555 or 7-0811)
- Turn in Secure Cell phone (Contact Purcell Lee x 7-1532)

### DESIGNATORY TO HANDLE YOUR BILLS AFTER DEPARTURE

I hereby designate ______________________ to settle all outstanding obligations on my behalf.

<table>
<thead>
<tr>
<th>Signature of Employee</th>
<th>Signature of Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1/30/2013
### HUMAN RESOURCES OFFICE

<table>
<thead>
<tr>
<th>Item</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete &amp; deliver evaluations on supervised employees</td>
<td>cim</td>
<td>01/30/2013</td>
</tr>
<tr>
<td>Did you receive a copy of your performance evaluation?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>SF-52</td>
<td>cim</td>
<td>01/30/2013</td>
</tr>
<tr>
<td>DS-8</td>
<td>cim</td>
<td>01/30/2013</td>
</tr>
<tr>
<td>Terminate Special Differential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation Statement (OF-109)</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Passes: Building Pass/OPS Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-2810 (Health Insurance-Change Plan when going overseas)</td>
<td>cim</td>
<td>01/30/2013</td>
</tr>
<tr>
<td>SF-2821 (Life Insurance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TSP Package</td>
<td>cim</td>
<td>01/30/2013</td>
</tr>
<tr>
<td>SF-2818 (Post Retirement Coverage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-3106 (Refund of Retirement Contributions)</td>
<td>cim</td>
<td>01/30/2013</td>
</tr>
<tr>
<td>Timekeeper Notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SF-8 (Unemployment Comp.)</td>
<td>cim</td>
<td>01/30/2012</td>
</tr>
<tr>
<td>DS-1971 (Termination Certification Statement)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DEPARTING FOR AN OVERSEAS ASSIGNMENT

<table>
<thead>
<tr>
<th>Item</th>
<th>Initial</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR/CDA Contact your Technician (Ext. 71692)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide date of arrival at new assignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Service Center Rm. 1252 (Ext. 73432)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check passports' expiration dates &amp; visa requirements for next post</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Unit (Ext. 3-1672)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start medical examinations/immunizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shipping Rm. 1248 (Ext. 74140)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrange for Pre-pack survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates of HHE pack out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of UAB pack out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirm travel reservations with HR/CDA and Gaining Bureau</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Management Office Rm. 1603 (Ext. 77543)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Request pay &amp; travel advances, if eligible</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Now is a good time to e-mail an introductory letter to your new Ambassador where you have been assigned, as well as to your future supervisor and CLO.*

**All Check Out Requirements satisfied (Dep. Exec. Director) Rm. 7507**

**REMEMBER: IF TRANSFERRING OVERSEAS, HAVE YOU...**

- [ ] Made personal arrangements for insurance of effects and vehicle during transit to your next assignment?
- [ ] Arranged for transfer of schools records?
AN AGREEMENT BETWEEN

ABEDIN, Huma M.,
(Name of individual - Printed or typed)

AND THE UNITED STATES

(REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer)

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to classified information. As used in this Agreement, classified information is marked or unmarked classified information, including oral communications, that is classified under the standards of Executive Order 12958, or under any other Executive order or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information that meets the standards for classification and is in the process of a classification determination as provided in Section 1.1, 1.2, 1.3 and 1.4(e) of Executive Order 12958, or under any other Executive order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.

2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.

3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that I will never divulge classified information to anyone unless: (a) I have officially verified that the recipient has been properly authorized by the United States Government to receive it; or (b) I have been given prior written notice of authorization from the United States Government Department or Agency (hereinafter Department or Agency) responsible for the classification of information or last granting me a security clearance that such disclosure is permitted. I understand that if I am uncertain about the classification status of information, I am required to confirm with an authorized official that the information is unclassified before I may disclose it, except to a person as provided in (a) or (b), above. I further understand that I am obligated to comply with laws and regulations that prohibit the unauthorized disclosure of classified information.

4. I have been advised that any breach of this Agreement may result in the termination of any security clearances I hold; removal from any position of special confidence and trust requiring such clearances; or termination of my employment or other relationships with the Departments or Agencies that granted my security clearances or clearances. In addition, I have been advised that any unauthorized disclosure of classified information by me may constitute a violation, or violations, of United States criminal laws, including the provisions of Sections 961, 763, 794, 798, *952 and 1924, Title 18, United States Code, *the provisions of Section 783(b), Title 50, United States code, and the provisions of the Intelligence Activities Protection Act of 1982. I recognize that nothing in the Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

5. I hereby assign to the United States Government all royalties, remunerations, and emoluments that have resulted, or will result from any disclosure, publication or revelation of classified information not consistent with the terms of this Agreement.

6. I understand that the United States Government may seek any remedy available to it to enforce this Agreement including, but not limited to, application for a court order prohibiting disclosure of information in breach of this Agreement.

7. I understand that all classified information to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of the United States Government unless and until otherwise determined by an authorized official or final ruling of a court of law. I agree that I shall return all classified materials which have, or may come into my possession or for which I am responsible because of such access: (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me a security clearance or that provided me access to classified information; or (c) upon the conclusion of my employment or other relationship that access to classified information. If I do not return such materials upon request, I understand that this may be a violation of Sections 793 and/or 1924, Title 18, United States Code, a United States criminal law.

8. Unless and until I am released from an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement are to be during the time I am granted access to classified information, and at all times thereafter.

9. Each provision of this Agreement is severable. If a court should find any provision of this Agreement to be unenforceable, all other provisions of this Agreement shall remain in full force and effect.

(Continue on reverse.)
10. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12958, Section 7211 of Title 5, United States code (governing disclosures to Congress); Section 1034 of Titus 10, United States code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b) (8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegility, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that expose confidential Government agents), and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798, 952 and 1924 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

11. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this agreement and its implementing regulation (32 CFR Section 2003.20) so that I may read them at this time, if I so choose.

**Signature**

**DATE (mm-dd-yyyy)**

**SOCIAL SECURITY NUMBER**

**ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER)**

*Type or print*

Department of State
2201 C Street NW
Washington, DC 20520

<table>
<thead>
<tr>
<th>WITNESS</th>
<th>ACCEPTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.</td>
<td>THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.</td>
</tr>
</tbody>
</table>

**Signature**

**DATE (mm-dd-yyyy)**

**Signature**

**DATE (mm-dd-yyyy)**

**Name and Address (Type or print)**

**Name and Address (Type or print)**

Department of State
2201 C Street NW
Room 1818
Washington, DC 20520

**Security Debriefing Acknowledgment**

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) (strike out inappropriate word or words) received a security debriefing.

**Signature of Employee**

**DATE (mm-dd-yyyy)**

**Name of Witness (Type or print)**

**Signature of Witness**

**DATE (mm-dd-yyyy)**

**Notice:** The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

*Not Applicable to Non-Government Personnel Signing This Agreement.*

STANDARD FORM 312 BACK (Rev. 1-00)
**REVIEW AUTHORITY:** Barbara Nielsen, Senior Reviewer

### RECORD OF LEAVE DATA

#### 1. Name (Last, First, Middle)

ABADON, HUMA W.

#### 2. Social Security Number

010101

#### 3. Date and Nature of Separation

02/01/13

### SUMMARY OF ANNUAL AND SICK LEAVE

<table>
<thead>
<tr>
<th>MD</th>
<th>DAY</th>
<th>YEAR</th>
<th>Hours</th>
<th>Annual</th>
<th>Sick</th>
<th>Restored</th>
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#### 8. Current Leave Year Account (through Pay Period Ending)

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<th>DAY</th>
<th>YEAR</th>
<th>Hours</th>
<th>Annual</th>
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#### 9. Total

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<tr>
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<th>YEAR</th>
<th>Hours</th>
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<td></td>
<td></td>
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<td>0.00</td>
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</table>

### SUMMARY OF HOME LEAVE

#### 16. Basic Service Period of 24 Months of Continuous Service Abroad:

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<th>Date Completed</th>
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#### 10. Current 12 Months Accrued Period Beginning on:

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<th>MD</th>
<th>DAY</th>
<th>YEAR</th>
<th>Hours Absent Without Pay Since That Date</th>
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#### 20. Current Leave Balance or Accumulation as of:

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<th>Number of Days</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>01</td>
<td>26</td>
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</table>

#### 21. Twelve Month Accrual Date as of Date of Separation - Number of Days:

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<th>Number of Days</th>
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<tbody>
<tr>
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### ABSENCE WITHOUT PAY

#### 16. Leaving Leave Days Which Separation

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<th>MD</th>
<th>DAY</th>
<th>YEAR</th>
<th>Hours</th>
<th>Military Leave</th>
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</tbody>
</table>

### RESIGNATION ILIA 2/1/13

**LEAVE PAYOUT**

---

**HEALTH CODE**

---

25. Certified Correctly Signed: [Signature]

---

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833765 Date: 11/05/2015
ETHICS PLEDGE

As a condition, and in consideration, of my employment in the United States Government in a position invested with the public trust, I commit myself to the following obligations, which I understand are binding on me and are enforceable under law:

1. **Lobbyist Gift Ban.** I will not accept gifts from registered lobbyists or lobbying organizations for the duration of my service as an appointee.

2. **Revolving Door Ban: All Appointees Entering Government.** I will not for a period of 2 years from the date of my appointment participate in any particular matter involving specific parties that is directly and substantially related to my former employer or former clients, including regulations and contracts.

3. **Revolving Door Ban: Lobbyists Entering Government.** If I was a registered lobbyist within the 2 years before the date of my appointment, in addition to abiding by the limitations of paragraph 2, I will not for a period of 2 years after the date of my appointment:
   (a) participate in any particular matter on which I lobbied within the 2 years before the date of my appointment;
   (b) participate in the specific issue area in which that particular matter falls; or
   (c) seek or accept employment with any executive agency that I lobbied within the 2 years before the date of my appointment.

4. **Revolving Door Ban: Appointees Leaving Government.** If, upon my departure from the Government, I am covered by the post employment restrictions on communicating with employees of my former executive agency set forth in section 207(c) of title 18, United States Code, I agree that I will abide by those restrictions for a period of 2 years following the end of my appointment.

5. **Revolving Door Ban: Appointees Leaving Government to Lobby.** In addition to abiding by the limitations of paragraph 4, I also agree, upon leaving Government service, not to lobby any covered executive branch official or non-career Senior Executive Service appointee for the remainder of the Administration.

6. **Employment Qualification Commitment.** I agree that any hiring or other employment decisions I make will be based on the candidate's qualifications, competence, and experience.

7. **Assent to Enforcement.** I acknowledge that the Executive Order entitled “Ethics Commitments by Executive Branch Personnel,” issued by the President on January 21, 2009, which I have read before signing this document, defines certain of the terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive Order as a part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Federal Government service.

Signature: [Signature]

Date: 1/25/2009

Print or type your full name (Last, first, middle): Abedin, Home

OK TO FILE
Agency Certification of Insurance Status
Federal Employees' Group Life Insurance Program

To Agency: See reverse for information and instructions

1. Name of employee (Last, first, middle)
Abedin, Huma M

2. Date of birth (Month, day, year)

3. Social Security number

4a. Event requiring certification
X Separation (includes resignation)
Retirement
Death as an employee
Had employee filed Application for Retirement (SF 2801 or SF 3107) with OPM?
□ No □ Yes

4b. Employee's retirement system
CSRS/FE
cia
TVA
FICA

5. Disposition of Designation of Beneficiary
SF 54, SF 2023
□ Attached
□ None on file with this agency
□ On file in employee's Official Personnel Folder

6. Did the employee assign his/her insurance?
□ No (attach RI 76-10)
□ Yes

7. Did the employee elect living benefits? (check one and attach EOB)
□ Partial (post-election BIA $
□ Full

8. Date of event checked in item 4a
02/01/2013

9. Date of SF 2819, Notice of Conversion Privilege - Insurance is Mandatory (Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retiring employees)
01/30/2013

10. Annual basic pay (not basic insurance amount) on date in item 8 (Convert hourly, daily, piecework, etc., rates to annual rate)
$129,517.00

12a. Did employee have Option A - Standard Insurance on date in item 8?
□ No □ Yes

12b. Amount of Option A

12c. Effective date of election

13a. Did employee have Option C - Family Insurance on date in item 8?
□ No □ Yes

13b. Effective date of election

14a. Did employee have Option B - Additional Insurance on date in item 8?
□ No □ Yes

14b. Effective date of election

14c. Number of multiples on date in item 8

14d. Lowest number of multiples during last 5 years

15. Personal records certification (This form will not be accepted without both personnel and payroll certification.)
I certify that the above information was obtained from, and correctly reflects, official personnel records, and that the employee was covered by Federal Employee's Group Life Insurance on the date in item 8.

15a. Signature of certifying official (Facsimile not acceptable)
Cynthia J. Motley

15b. Title
Administrative Officer

15c. Date
01-30-2013

15d. Name and address of agency (Including ZIP code)
U.S. Department of State
S/ES-EX Room 7507
2201 C Street NW
Washington, DC 20520

15f. Telephone number (Including area code)
202-647-9661

16. Payroll records certification (This form will not be accepted without dual certification.)
I certify that I have compared the annual basic pay shown in item 10, above, with current payroll records and the figures agree. Payroll deductions were being made or would have been made if the employee had been in pay status for the alpha code (Insurance code and SF 50 equivalent) on the date in the item 8.

16a. Signature of certifying official (Facsimile not acceptable)

16b. Name and address of payroll office (If different from that given in item 15a)

16c. Telephone number (Including area code)

16d. Payroll office number (OPM use only)
Acknowledgement of TCC Notice

I, Huma M. Abedin acknowledge receipt of this notice.

Signature: ___________________________ Date: 2/1/13

Employee Signature: ___________________ Date: ___________________
January 30, 2013

To Whom It May Concern

I am writing to inform you that at the Department's request, I am resigning from my position as Senior Advisor at the Department of State due to change in leadership.

My resignation will be effective Friday February 1, 2013.

My forwarding contact information is:
Mailing address: ____________________________

Email: ____________________________

Telephone: ____________________________

Sincerely,

Huma M. Abedin

SSN: ____________________________

DOB: ____________________________

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer
THrift Savings Plan
Designation of Beneficiary

This form is designed to be read by an optical scanner. To ensure that your request is not delayed, carefully type or print the information requested, using black or dark blue ink. Leave a space between words, but not between the digits in your account number.

Type or print legibly inside the boxes. If you print by hand, use simple block letters. (See examples in the instructions.) Limit your responses to the number of available boxes. Do not alter this form or the information you enter. Altered forms may be rejected.

I. Participant Information

This applies to my:  [ ] Civilian Account  [ ] Uniformed Services Account  [ ] Beneficiary Participant Account

1. [ ] Last Name  [ ] First Name  [ ] Middle Name

2. [ ] TSP Account Number

3. [ ] Daytime Phone (Area Code and Number)

4. [ ] Foreign address? Check here.

5. [ ] Street Address or Box Number (For a foreign address, see instructions on Page 1-1)

6. [ ] Street Address Line 2

7. [ ] Zip Code

II. Cancellation — To cancel all previous designations without designating new beneficiaries, check the box below.

In the event of your death, payment from the TSP will be made according to the order of precedence set by the United States Code (5 U.S.C. § 8424(d)). (If cancelling, submit only Page 1.)

10. [ ] Check here only to cancel all prior beneficiary designations without naming new beneficiaries (see instructions for additional information and complete Section III).

III. Signatures — You and your witnesses must complete this section. This entire form is valid only if this page is witnessed by two persons. A witness must be age 21 or older and cannot be a primary or contingent beneficiary of any portion of this TSP account. By signing below, the witnesses affirm that the participant: [a] signed in their presence, or [b] informed them that the signature is the participant’s own signature.

Participant’s Signature  [ ] Date Signed (mm/dd/yyyy)

Witness 1: Signature  [ ] Date Signed (mm/dd/yyyy)

Witness 2: Signature  [ ] Date Signed (mm/dd/yyyy)

REMEMBER TO:

• Enter your full Name and TSP Account Number at the top of each page.

• Provide your signature and your witnesses’ signatures above, along with the dates signed.

• Sign and date each page, and have your witnesses sign and date each page you complete.

• Complete each section in accordance with the instructions.

• Make a copy of this form for your records.

• Mail the completed form to the TSP. Do not submit this form to your agency or service.

Do Not Write Below This Line

PREVIOUS EDITIONS OBSOLETE
# Request for Building Pass Identification Card

**Applicant Section (1-20)**

- **Applicant Name:** Abedin Huma M
- **Social Security Number:**
- **Date of Birth:**
- **Gender:** Female
- **Citizenship:** U.S.
- **Address:**
- **Apt. Number:**
- **City:**
- **State:** DC
- **ZIP Code:** 20520

**Sponsor Section (21-34)**

- **State Department Sponsor:**
- **Sponsor Office Phone Number:** 202-647-6040
- **Sponsor Type:** Other
- **Type of Building Pass Requested:**
  - **DOS USG Employee**
- **Contractor**
- **Other USG Employee**
- **Contract Number:**
- **Contract Dates:**
- **Hours of Access:**
  - Normal Business Hours
  - Special Business Hours
  - 24 Hr./7 Days
- **Signed by:**
- **Date Signed:**

**NACY ACT Statement:**

- 22 USC 2558; Executive Order 9397; Executive Order 10450; Executive Order 12858, as amended; and section 506(a) of the Federal Records Act of 1934, as amended. (See instruction page for Purpose and Routine Uses)
# REQUEST FOR BUILDING PASS IDENTIFICATION CARD
(Continued)

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<table>
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<th>E. Issuance Style - SmartCard</th>
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<th>H. Badge Type - Wiegand</th>
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<th>N. DSIS Supervisor</th>
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## SPECIAL ACCESS/CLEARANCE CODES

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## INR USE ONLY

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<th>C. Authorized By (Printed Name and Signature)</th>
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## OTHER SPECIAL ACCESS CODE

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I-1838

UNCLASSIFIED U.S. Department of State  Case No. F-2015-05069  Doc No. C05833775  Date: 11/05/2015
From: Wallen, Henry C  
Sent: Thursday, February 14, 2013 6:35 AM  
To: DS_DO_ACS  
Cc: DS PSS FILE ROOM; DS_SSO; Motley, Cynthia J; Gillmore, Shirley J;  
Subject: SCI Debrief - ABEDIN

SENSITIVE BUT UNCLASSIFIED – PLEASE PROTECT ACCORDINGLY // PRIVACY / PII

-The below identified individual was debriefed from SCI access under DoS cognizance effective 13 February 2013.

ABEDIN, Humia M., xxx-xx (S)

-Ms. ABEDIN has left her position with the Department of State to accept employment in the Private Sector. Should a requirement for SCI access, under DoS sponsorship, occur in the future appropriate SCI Nomination Access request will be forwarded.

-For DS/SSO: Please annotate both MS Access Roster and Scattered Castle data base.
-For DS/DO: Please annotate C-Cure and MDI, to reflect deletion of all access, Ms. ABEDIN no longer has a valid requirement to access DoS facilities on a daily basis, she was advised to returned her PIV Card (ID Badge) upon leaving HST for the last time.

v/r

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833776 Date: 11/05/2015
U.S. Department of State

SEPARATION STATEMENT

ABEDIN, Huma M.

make the following statement in connection with my

(Your Type of Discharge)

separation from employment in the U.S. Department of State. As used herein, the term "employment" includes all periods of assignment or detail, as well as any periods of temporary, part-time or intermittent employment therein, and the term "separation" includes suspension for any period in excess of 30 days, retirement from active duty, transfer to another agency, resignation, furlough to enter military service, etc.

1. I have surrendered to responsible officials all classified or administratively controlled documents and material with which I was charged or which I had in my possession. I am not retaining in my possession, custody, or control, documents or material containing classified or administratively controlled information furnished to me during the course of such employment or developed as a consequence thereof, including any diaries, memoranda of conversation, or other documents of a personal nature that contain classified or administratively controlled information.

2. I have surrendered to responsible officials all unclassified documents, and papers relating to the official business of the Government acquired by me while in the employ of the Department.

3. I shall not publish, nor reveal to any person, any classified or administratively controlled information of which I have knowledge, or any other information transmitted to me in confidence in the course of my official duties, unless authorized by officials of the employing Department empowered to grant permission for such disclosure.

4. I have been advised by the interviewing officer whose name appears below, and understand the criminal penalties relating to U.S. Government records and information and the use thereof:

Title 18, U.S. Code

Section 641 - Public Money, Property or Records
793 - Gathering, Transmitting or Losing Defense Information
794 - Gathering or Delivering Defense Information to Foreign Govt.
798 - Disclosure of Classified Information
952 - Diplomatic Codes and Correspondence
1906 - Disclosure of Confidential Information
2071 - Concealment, Removal, or Mutilation of Records

Title 50, U.S. Code

Section 783(b) - Communication of Classified Information
783(d) - Penalties for Violation

Title 42, U.S. Code

Section 2272 - Violation of Specific Sections
2273 - Violation of General Sections
2274 - Communication of Restricted Data
2276 - Tampering With Restricted Data
2277 - Disclosure of Restricted Data

These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12956; Section 7211 of Title 5, United States Code (governing disclosure to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2522(b)(8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identities Protection Act of 1992 (50 U.S.C. 421 et seq.) (governing disclosures that could expose confidential Government agents); and the statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798 and 952 of Title 18, United States Code, and sections 4(b) of the Subversive Activities Control Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

5. I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that (have) (have not) received a security briefing.

6. I have been advised by the interviewing officer whose signature appears below and fully understand that Section 1001 of Title 18, United States Code, provides criminal penalties for knowingly and willfully failing or concealing material fact in a statement or document submitted to any department or agency of the United States Government concerning a matter under its jurisdiction.

Signature of Interviewing Officer

[Signature]

Date of Birth (mm-dd-yyyy)

[Date]

Date Signed (mm-dd-yyyy)

[Date]

Typed Name of Interviewing Officer

[Typed Name]

Department of State

[Department]

Other Names Used During This Period of Employment

[Other Names]

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer
10. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12850, Section 7211 of Title 5, United States Code (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military); Section 2302(b) (8) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosures of illegality, waste, fraud, abuse of public health or safety threats); the Intelligence Identities Protection Act of 1982 (50 U.S.C. 421 et seq.) (governing disclosures that expose confidential Government agents), and the statutes which protect against disclosure that may compromise the national security, including Sections 841, 793, 794, 795, 952 and 1924 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. Section 785(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

11. I have read this Agreement carefully and my questions, if any, have been answered. I acknowledge that the briefing officer has made available to me the Executive Order and statutes referenced in this agreement and its Implementing regulation (18 CFR Section 2003.20) so that I may read them at this time, if so choose.

SIGNATURE

DATE 2/13/2013

SOCIAL SECURITY NUMBER

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

WITNESS

THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.

ACCEPTANCE

THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.

SECURITY DEBRIEFING ACKNOWLEDGMENT

I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I have (have not) (circle appropriate word or words) received a security briefing.

SIGNATURE OF EMPLOYEE

DATE 2/13/2013

NOT APPLICABLE TO NON-GOVERNMENT PERSONNEL SIGNING THIS AGREEMENT.

STANDARD FORM 312 BACK (Rev. 1-00)
**Case Name:** MILLS, CHERYL DENISE  
**SSN:**  
**DOB:**  
**Sex:** Male  
**Middle Name:** DENISE  
**Suffix:**  
**Email Address:**  
**Clearance/Certification:** None  
**Assignment Restrictions:** N/A  
**Place of Birth:**  
**City:**  
**State:**  
**Country:**  
**United States:**  
**Physical Description:**  
**Height:**  
**Hair Color:**  
**Eye Color:**  
**Weight:**  
**Race:**  
**Remarks:**  
TOP SECRET clearance 02/24/2009 by DOS based on SSBI by OPM on 02/24/2009.  
Removed 05/12/2014 per HR notification February 2014.  
SCI eligible.