

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 <u>James.Todd@usdoj.gov</u>. Please refer to the case

number, F-2015-05069, and the civil action number, 15-cv-00553, in all correspondence about this case.

Sincerely,

John F. Hackett, Director

Office of Information Programs and Services

Susal C. Westman For

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:

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Arms Export Control Act, 50a USC 2411(c)
Central Intelligence Agency Act of 1949, 50 USC 403(g)
Export Administration Act of 1979, 50 USC App. Sec. 2411(c)
Foreign Service Act of 1980, 22 USC 4004
INA
Immigration and Nationality Act, 8 USC 1202(f), Sec. 222(f)
Iran Claims Settlement Act, Public Law 99-99, Sec. 505

- (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

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Editions Prior to 7/91 Are Not Usable After 6/30/93 NSN 7540-01-333-6238

RELEASE IN PART NOTIFICATION OF PERSONNEL ACTION Standard Form 50 **B6** Rev 7/91 U.S. Office of Personnel Management Guide to Processing Personnel Actions, Chapter 4 1 Date of Birth 4 Effective Date 1 Name (Last, First, Middle) 2 Social Security Number 02-01-2013 ABEDIN.HUMA M SECOND ACTION FIRST ACTION 5-A. Code 5-B Nature of Actio RESIGNATION-ILIA 312 6-C Code ' 6-D Legal Authority Reg 715.202. Resignation RPM 6-E Code 6-F Legal Authority 5-E Code 5-F Legal Authority PD:E10562 Position: E1056200 15 TO Position Title and Number 7 FROM Postson Title and Number SENIOR ADVISOR 21 Pay Basis 12 Total Salary 13 Pay Bass 16 Pay Plan 17 Occ Code 18 Grade/Level 19 Step/Rate 20 Total Salary/Award K.Pay Plan 9 Occ Code 110 Grade/Level 111 Step/Rate PD 15 \$496.47 ED 00130 10 20B Locality Adj 12C Adj Basic Pay 12D Other Pay 20C Ads Basic Pay 20D Other Pay 12B Locality Adi 12A Basic Pay \$0,00 \$496.47 \$496.47 \$0.00 22 Name and Location of Position's Organization 14 Name and Location of Poution's Organization 010101 REVIEW AUTHORITY: Barbara Nielsen, Senior IMMEDIATE OFFICE OF THE SECRETARY Reviewer OFFICE OF THE SECRETARY EMPLOYEE DATA 26 Veterans Preference for RIF 24 Tenure 23 Veterans Preference 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite 3 - 10 Point/Disability 4 - 10 Point/Compensable 5 - 10 Point/Other 6 - 10 Point/Compensable/30% 3 12 X NO YES 29 Pay Rate De 28 An 27 FEGLI 0 Q 9 - Not Applicable 33 Part-Time Hours Per Biweekly 31 Service Comp Date (Leave) 32 Work Schedule 30 Retirement Plan Pay Perso Intermittent 03-02-2001 POSITION DATA 37 Bargaining Unit Status 36 Appropriation Code 35 FLSA Category 34 Position Occupied 1 - Competitive Service 2 - Excepted Service E - Exempt N - Nonexempt 3 - SES General 4 - SES Career Reserved 8888 0113.0-1001 1123 0000 E (City-County-State or Overseas Location) 39 Duty Station 38 Duty Sta tion Code WASHINGTON, DIST OF COLUMBIA 110010001 41 WGI Due 42 Prim Skill 43 HR Processor 40 DOG SSEXCJM **EMPLID** 03-JUN-2012 N/A 45 Remarko OPF 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 (NONGROUP CONTRACT). HEALTH BENEFITS COVERAGE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO CONVERT TO AN INDIVIDUAL POLICY (NONGROUP 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.

50 Signature/Authentication and Title of Approving Official 46 Employing Department or Agency Electronically signed by. DEPARTMENT OF STATE LINDA THOMAS-GREENFIELD 48 Personnel Office ID 49 Approval Date 47 Agency Code

02-15-2013

REASON FOR RESIGNATION: Resignation due to change in agency leadership. Resignation in lieu of involutary

SF-8 PROVIDED TO EMPLOYEE. NOT ENTITLED TO SEVERANCE PAY

2951

separation.

ST00

LUMP-SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE.

paration. There is no misconduct in this case FORWARDING ADDRESS:

2 - OPF Copy - Long-Term Record - DO NOT DESTROY

DIR GEN OF FS /DIR OF HR

Editions Prior to 7/91 Are Not Usable After 6/30/93 NSN 7540-01-333-6238 **B6**

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Editions Prior to 7/91 Are Not Usable After 6/30/93 NSN 7540-01-333-6238

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05826887 Date: 11/05/2015

RELEASE IN FULL

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 emloyed 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
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notices of appeal, hearings, and

	Identification DERAL AGENCY	To be completed by the Federal
Department of State	CODE NO. 405	Agency: Contact Name/Office
2401 B Street NW, Suite H-804 Chief, HR/E Washington, DC 20522	CK/RM	HB/BX/BM Telephone No. (include area code 202-663-1880
IEW AUTHORITY: Barbara Nielsen, Senior		i B

2

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.

Reviewer

STANDARD FORM 8 (Rev. 6-87) Prescribed by Dept. of Lebor 20 CFR 609

NSN 7540-00-634-3964

determinations)

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833709 Date: 11/05/2015

RELEASE IN FULL



OFFICE OF THE SECRETARY HUMAN RESOURCES OFFICE

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

HUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638) Complete & deliver evaluations on supervised employees	Initial	Date
Did you receive a copy of your performance evaluation?		
SF-52		
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)	20/10	
TSP Package	Jak / II)	03-01-13
SF-2818 (Post Retirement Coverage)	200	
SF-2819 (Application for Refund of Retirement Deduction-CSRS)	636/11X	02-01-13
SF-2802 OR OPM-3106 (Refund of Retirement Contributions)		
OF-126 (Residence and Dependency Report)	- but-A	
SF-278 (Financial Disclosure Report and Termination Certification Statement	nt) DOLLYN	02-01-13
X Timekeeper Notified	1,0	
SF-8 (Unemployment Comp.)	DOL/ NO	NA
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REMINDER: IF TRANSFERRING OVERSEAS, HAVE YOU		, , , , , ,
Made personal arrangements for insurance of effects and vehicle of assignment?	during transit to your	next
☐ Arranged for transfer of schools records?		

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

RELEASE IN FULL

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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,

heryl D. Mills





United States Department of State

Washington, D.C. 20520

RELEASE IN FULL

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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.

	PAYMENT (BUYOUT) WITHIN			
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C05833745FIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833745 Date: 11/05/2015

RELEASE IN FULL

Motley, Cynthia J

From:

Motley, Cynthia J

Sent:

Tuesday, February 19, 2013 7:43 AM

To:

Mills, Cheryl D; 'Cheryl Mills'

Cc: Subject: Laszczych, Joanne RE: COBRA

Attachments:

TCC - Health Benefits.pdf

Importance:

High

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.

From: Samuelson, Heather F

Sent: Thursday, February 14, 2013 9:57 AM

To: Mills, Cheryl D; 'Cheryl Mills'

Cc: Motley, Cynthla J Subject: COBRA

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

RELEASE IN FULL

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.

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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 emloyed 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 4thiline - 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)

i

	3 Digit Identification FEDERAL AGENCY	To be completed by the Federal
Department of State	CODE NO. 405	Agency: Contact Name/Office
2401 E Street NW, Suite H-804 Chief, Hi Washington, DC 20522	R/EX/RM	HB/RX/BM 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 7540-00-634-3964

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

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833754 Date: 11/05/2015

RELEASE IN FULL

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.

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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 emloyed 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)

5.0		3 Digit lentification RAL AGENCY	To be completed by the Federal
Department of State	740	CODE NO. 405	Agency: Contact Name/Office
2401 E Street NW, Suite H-804 Ch.	lef, HR/EX	/RM	HR/RK/PM Telephone No. (include area code) 202-663-1880
		1	

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 7540-00-634-3964

STANDARD FORM 8 IRev. 6-87) Prescribed by Dept. of Lebor 20 CFR 609

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833767 Date: 11/05/2015

C05833769FIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833769 Date: 11/05/2015

Motley, Cynthia J

From:

Motley, Cynthia J

Sent:

Sunday, February 03, 2013 12:26 PM

To: Cc: Pay Intake

Attachments:

Lecque, Thayer N; Carter, Carol P SF-2821 Huma M. Abedin.pdf RELEASE IN FULL

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. Molley, Administrative Officer

S/ES-EX Room 7515 HST BLDG Office Phone: 202-847-5638 Fax: 202-647-6040

S-InfoNet Human Resources

Have an HR Question? Contact the <u>HR Service Center</u> 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

RELEASE IN PART B7(C),B6

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.

REVIEW AUTHORITY: Barbara

			Nielsen, Senio	r Reviewer
EMPLOYEE INFORMATION				
Name_ MILOG U	Current Office			
Last day in office	Gaining Bureau or Pos	it		
Forwarding Address				
Personal E-mail	Phone Number			
BUDGET AND TRAVEL OFFICE	Rm. 7507 (Ext. 7-5946)	Initial	Date	— 1
Citibank Bank Travel Card (transfer to				
Diplomatic Passport Returned or Cano Outstanding Travel Vouchers/Advance				
SECURITY Rm. 5634 (Ext6-4848) S Bureau Security Check Out Form		Initial	Date	7
Notify BSO of Departure Date 7 TH flo	or access deletion			1 1
Return QUICK2000 ESCAPE Mask o	nly if leaving the Department			
Provide BSO a list of all routinely acc	essed safes			1 1
Schedule an SCI Debrief (Contact				
All Employees Rm. 7512 (Ext. 7-357	4)	Initial	Date	\neg 1
Contact Clarence Finney, S/ES-CR for	r out processing		-	1 1
DS-1904 - Authorization for Removal Materials (Contact Clarence Finney x7	of Personal Papers and Non-Record		2	1 1
Attended S/ES Record keeping and El	ectronic records removal departure brief	f	5	
Debriefed on record rentention respons	sibilities with bureau record officer	· 10=======		1 1
Executive Office (S/ES-EX)				
GENERAL SERVICES OFFICE R	m. 7519 (Ext. 7-6883)	Initial	Date	
Return Parking Permit				
				_
SYSTEMS Poems Help Desk 8 th Floo Notify POEMS of transfer from bureau		Initial	Date	1 1
Return all borrowed equipment (BB, R	SA Token, Lanton, thumb drive			1 1
portable printer/scanner) to Mobile Sol	utions (Rm 7437; 7-8555 or 7-0811)			1 1
Open M-F, 7am-7pm	190 - 100 - 120 (124 (122(128))	*3		
Furn in Secure Cell phone (Contact Pur	rcell Lee x 7-1532)			1 1

6/4/2015

Page 1 of 2S BUREAU Civil Service CHECKOUT FORM.doc

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833633 Date: 11/05/2015



OFFICE OF THE SECRETARY HUMAN RESOURCES OFFICE

hereby designate	to settle all outstanding obligations on my behalf.
Signature of Employee	Signature of Designee
HUMAN RESOURCES OFFICE Rm.75 Complete & deliver evaluations on superviolid you receive a copy of your performance SF-52 D8-8 Terminate Special Differential Separation Statement (OF-109) Passes: Building Pass/Ops Center SP-2810 (Health Insurance Change Plan w SF-2821 (Life Insurance) TSP Package SF-2818 (Post Rethrement Coverage) SF-2819 (Application for Refund of Retire SE-2802 OR OPM-3106 (Refund of Retire OF-126 (Residence and Dependency Report Aimekeeper Notified SF-8 (Unemployment Comp.) Preining (Cancel) DS-1971 (Termination Certification Statem	ment Deductions CSRS) ment Contributions cermination Certification Statement)
All Charle Oat Paraday and a 15 G a 2	
All Check Out Requirements satisfied (Dep. Exec. Director) Rm. 7507
REMINDER: IF TRANSFERRI	NG OVERSEAS, HAVE YOU
 Made personal arrangements for assignment? Arranged for transfer of school 	or insurance of effects and vehicle during transit to your next is records?
6/4/2015	Page 2 of 2S BUREAU Civil Service CHECKOUT FORM.doc

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833633 Date: 11/05/2015

Team Eag

B6

RELEASE IN PART B6

Clinton, Hillary Rodham

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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. <u>Lobbyist Gift Ban</u>. 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. <u>Employment Qualification: Commitment</u>. 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

January 21e, 2000

Clinton, Hillary Rodham

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

OK TO FILE



RELEASE IN PART B6

TSP-1

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.

REVIEW Note: To choose your investment funds, see the instructions in the General Information section on the back of this form. AUTHORITY: Barbara Nielsen, Senior Reviewer RODHAM HILLARY CLINTON INFORMATION (Middle) oma // nell **ABOUT YOU B6** State Zip Code City Street Address **B6** 647 202 3 Daytime Phone (Area Code and Number) Social Security Number DEPARTMENT OF STATE S Office Identification (Agency and Organization) 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. START OR **CHANGE YOUR B6** CONTRIBUTIONS 7. \$ OR .0% To stop your contributions to the TSP, check Item 8 and complete Section IV. (If you are a FERS employee and IIL you are eligible to receive Agency Automatic (1%) Contributions, those 1% contributions will continue. Read the STOP YOUR instructions on the back.) CONTRIBUTIONS 8. 1 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 Participant's Signature V. FOR 19-00-0003 **EMPLOYING** 2009 26/ **OFFICE USE** Payroll Office Number ONLY

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 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 nuttre 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. C05833698 Date: 11/05/2015



RELEASE IN PART B6

TSP-1-C

B6

r B6

B6

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.)

I. INFORMATION	1. CLINTON	TON HILLARY							
ABOUTYOU	Name (Last)	(First)	Middle) AUTHO						
•	2.		Nielsen						
S * 3	Street Address	City	State Zip Code Senior						
	3.	4. (202) 64	7 ~ 9572 Reviewe						
	Social Security Number	Daytime Phone (Area							
	J	S							
	Office Identification (Agency and Organization)								
II. START OR CHANGE YOUR CATCH-UP	To start or change your catch-up contribution ditional instructions on the back of the form.) 6. I elect to contribute \$		3.5						
CONTRIBUTIONS	the end of the calendar year; or								
(You must be in pay	I reach the annual limit for catch-up contributions; or								
status. See back of form.)									
	I certify that I will make regular contribution amount allowed by the IRS and TSP plan rumy regular TSP contributions. 7. Participant's Signature		contributions are in addition to						
III.	To stop your contributions, complete Items 9,	10. and 11.							
STOP YOUR CATCH-UP CONTRIBUTIONS	9. I want to stop making catch-up cont new election to resume these contrit	ributions to my TSP account. I unders	tand that I must make a						
	10	11.	1 1						
	Participant's Signature		Date Signed (mm/dd/yyyy)						
IV. FOR EMPLOYING OFFICE USE ONLY	15. Centhia & M	01/36/2009 14. Receipt Date (mm/dd/yyyy)	02 / 01 / 2009 Effective Date (mm/dd/yyyy)						
	Signature of Agency Official We are authorized to request the information you pro-	statute, rule, or order. It may be shared with o							

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 audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate perfles 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.

Form TSP-1-C (1/2009)



THRIFT SAV... IGS PLAN DESIGNATION OF BENEFICIARY

RELEASE IN PART B6

TSP-3

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 after 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.

	and the last	The Control of the Co	Control of the last of the las		-	
I. INFORMATION		1. Name CLINTON	HILLARY	ROD	HAM	REVIEW AUTHORITY:
ABOUT YOU		2.	First	4. (202)	Middle 647 - 9572	Barbara Nielsen, B6
		Social Security Number 5. Address	Date of Birth (mm/dd/yyyy)	Daytime Pho	ne (Area Code and Numb	Senior Reviewer B6
		Street address or box ou	mber			B6
11	-	City			ip Code	
II. DESIGNATING		Indicate in whole percentages or	fractions the share of your TSI	Paccount to be paid		¬ B6
YOUR BENEFICIARIES		Beneficiary Name (Last)	(First)	(Middle)	Share:_	 P6
		Street address or box number				B6 B6
		City		State/Country	Zip Code	
	_	Social Security Number/EIN	Date of Birth (mm/dd/yyyy)	Relationship		_
		2			Share:	
		Beneficiary Nama (Last)	(First)	(Middle)	Onui oi	
		Street address or box number				
		City	1 1	State/Country	Zip Code	_
	-	Social Security Number/EIN	Date of Birth (mm/dd/yyyy)	Relationship		_
		3. Beneficiary Name (Last)	(First)	(Middle)	Share:	-
4		Street address or box number	9	(c)		-
		City	, ,	State/Country	Zip Code	-
	P -	Social Security Number/EIN	Date of Birth (mm/dd/yyyy)	Relationship	L. I. II.	-
III.			s are used. Number of addition		back of form.)	-
YOUR SIGNATURE	,		signature must be witnessed in	01/2	6 2009	
n.		Participant's Signature		Date Signed	1	
IV. WITNESSES TO SIGNATURE	,	This form is valid only if it is witner cannot be a beneficiary of any poperticipant: (a) signed Section III the participant's own signature.	ortion of this TSP account.) By s	signing below, the with	nesses affirm that the	9
1.		Witness 1 Antonia . Typed of Printed Name of Fi	B. Hawkins G	Citoria Dignature Si First Wilness	Hewken	الح
T	١	Witness 2 hrisandra Typed or Printed Name of St	- radiford (econd Wiyless s	ignature of Second Witness	FounTSP-3 (10/20	05)

RELEASE IN PART B6

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

United States Department of State

TERMINATION CERTIFICATION STATEMENT

EXECUTIVE PERSONNEL FINANCIAL DISCLOSURE REPORT (SF 278)

TERMINATION FILING

FEB 0 1 20
\$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)* FEB 0 1 2013
*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

R6

RELEASE	IN	PART
B7(C),B6		

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

AN AGREEMENT BETWEEN

Hillary Rodham Clinton

AND THE UNITED STATES

(Name of Individual -- 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 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.
- 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 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 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.
- 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.
- 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.

Carrie 100

(Continue on reverse:)

NSN 7540-01-280-5499 Previous edition not usable STANDARD FORM 312 (Rev. 1-00) Prescribed by NARA/ISOO 32 CFR 2003.E.O. 12958 10. These restrictions are consistent with and do not supersede, conflict with or otherwise after 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 State 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) 22-61-2009 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 WITNESS ACCEPTANCE THE EXECUTION OF THIS AGREEMENT WAS WITNESSED THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BY THE UNDERSIGNED. BEHALF OF THE UNITED STATES GOVERNMENT. SIGNATURE DATE (mm-dd-yyyy) SIGNATURE DATE (mm-dd-yyyy) 01-22-269 NAME AND ADDRESS (Type or print) 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) NAME OF WITNESS (Type or print) SIGNATURE OF WITNESS 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 NOTICE: The Privacy Act, 5 U.S.C. 5528, requires that receral agencies inform individuals, at the time information is solicition from the life 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 Scial 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 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)

B6

B6

B7(C)



Agency Certification of Insurance Status

RELEASE IN PART B6

Federal Employees' Group Life Insurance Program

To Agency: See reverse for	information	and instru	ections						
1. Name of employee (Last, firs	t, middle)			2. Date	of birth (Month, day	vear)	3. Social Sec	nurity number	
Clinton, Hillary R. 4a. Event requiring certification			4b. Employee's retireme			le mi			B6
X Separation (includes res Retirement Death as an employee Had employee filed App (SF 2801 or SF 3107) wi	ignation)		CSRS/FERS TVA DCRS*	CIA FICA	CIA Other (Specify) FICA Attached None on file with this agency on file in employee's Official Person			B6	
	7		40. Ower humber 19	аррисаоте)		Pot	ier		
☐ No ☐ Death as a reemployed a	」Yes mnuitant		6. Did the employee ass insurance?	ign his/her	n his/her 7. Did the employee elect living benefits? Amount elected (check one and attach EOB				
End of 12 months non-p Other (Specify)			No Yes (attach RI 76	-10)	No Yes	Partial (p	ost-election B	IA\$	_) B6
8. Date of event checked in item 2/1/2013	2.0	te of SF 281: erage as an	9, Notice of Conversion employee terminates, in	Privilege - Iss	vance Is Mandatory		IF 2819 for eac	ch employee whos	e
10. Annual basic pay (not basic hourly, daily, ptecework, etc \$196,700.00			in item 8 (Convert		ective date of continuals in service, list date		under the FEG	REV	/IEW
12a. Did employee have Option	A - Standard In	surance on d	ste in item 87	13a Did	employee have Opti	on C - Family	Insurance on	AU I	HORITY:
No '			nt of Option A	No	- mpijas mito opa				ior Reviewer B6
Yes		12c. Effect	ive date of election	Yes			- 13b. Effi	ective date of elec	
14a. Did employee have Option	B - Additional 1	nsurance on	date in item 8?					,	
No Yes		14b, Effect	ive date of election	14c. Numb	er of multiples on dat	e in item 8	14d. Lower last 5 year	st number of multi ars	iples during B6
15. Personnel records certification (This form will not be accepted without I certify that the above information was obtained from, and correctly reflet Employee's Group Life Insurance on the date in item 8. 15a. Signature of certifying official (Facsimity not acceptable) 15b. Typed pane of certifying official Cynthia a Motley				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					
15c. Title									
Administrative Officer									
15d Date FEB 0 1 2	2013			15£ Tel	ephone number (Inc.		ide) i47-9661		•
16. Payroll records certificati I certify that I have comps Payroll deductions were b (Insurance code and SF 50)	red the annua eing made or	l basic pay would have	shown in item 10, above been made if the em	ove, with cu	rrent payroll record	is and the fig	gures agree.	A	lpha code
16a. Signature of certifying office	cial (Facsimile r	ot acceptabl	e)	16f. Na	me and address of pa	yroll office (f different from	n that given in iten	n 15e)
16b. Typed name of certifying o	fficial						× 2		
16d. Date	16c. Telephon	e number (I	ncluding area code)	16g. Pay	roll office number				
Remarks (For agency use only)				OPM use only					
LINOLAGOISISS II	0.0				. 05000	N. CC	200712	D-1- 11/21	10045
UNCLASSIFIED U	.o. Depar	unent of	State Case No	0. r-201	0-00009 DOC	NO. CU5	033/10	Date: 11/0:	0/2015

RELEASE IN PART B7(C),B6

SENSITIVE COMPARTMENTED INFORMATION NONDISCLOSURE AGREEMENT

An Agreement Between	Hillary Rodham Clinton			and the United States.	
•	(Name - Printed or T	yped)			REVIEW
. 1. Intending to be legally be	ound, I hereby accept the obligations contains	d in this A	greement in	consideration of any being granted acc	AUTHORITY
information or material protested wit	hin Special Access Programs, hereinafter referre	d to in the	Agreement as S	ensitive Compartmented Information (S)	Civ Barbara
have been advised that SCI involves	or derives from intelligence sources or methods	and is olas	sified or is in p	process of a elassification determination	md/Nielsen
the standards of Executive Order 123	58 or other Executive Order or statue. I under	dand and a	cent that by be	ing granted access to SCI, special confi	dense
and trust sliall be placed in me by the	United States Government.				Semor

Reviewer

- 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 SCL I further understand that all 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 used to advantage by a foreign nation. Phereby agree that I will never divulge anything marked as SCI or that I know to be SCI to anyone who is not authorized to receive it without prior written authorization from the United States Government department or agency (hereinather Department or Agency) that authorized my access to SCL. I understand that it is my responsibility to consult with appropriate management authorizes in the Department or Agency, that last authorized my access to SCI, whether or not I am still employed by or associated with that Department or Agency or a contractor thereof, in order to ensure that I know whether information or material within my knowledge or control that I have reason to believe might be SCI. I further moderation that I am obligated by law and regulation not to disclose any classified information or material in an unmithoffized fashion.
- 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 be submitted for security review by the Department or Agency that last authorized my access to such information or retained, 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 disclesure. I understand and agree that my obligation to submit such preparations for review applies during the course of my access to SCI and thereafter, and I agree to make any required submissions prior to discussing the preparation with, or showing it to, anyone who is not authorized to have access to SCL I further agree that I will not disclose the contents of such preparation with, or showing 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 my termination of my access to SCI and removal from a position of special confidence and trust requiring such access; as well as the termination of my employment or other relationships with any Department or Agency that provides me with access to SCI. In addition, I have been advised that any manufactured discussion of SCI by me may constitute vinlations of United States criminal laws, including provisions of Sections 793, 794, 798, and 952, Title 18, United States Code, and of Section 783(b), Title 50, United States Code. Nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me 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 a court order prohibiting disclosure of information in breach of this Agreement. I have been advised that the action can be brought against me in any of the several 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 now and will remain the property of the United States Government unless and until otherwise determined by an appropriate official of final ruling of a court of law. Subject to such determination, I do not now, nor will I ever, possess any right, interest; title, or claim whatsoever to such information. I agree that I shall return all materials that now have come into my possession or for which I am responsible because of such access, 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 this may be a 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 bereafter pertain to my employment by or assignment or relationship with the Department or Agency.

FORM

(EF)

An Agreement Between

(Rinkers Form 4355 which is obsolete and

FURE 7-07

4214 (EF)

Page 1 of 2

- 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 783(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 choose.
- 12. I hereby assign to the United States Government all rights, title and interest, and all royalties, remunerations, and emoluments 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 the employee obligations rights or liabilities created by Executive Order 12958; Section 7211 of Title 5, United States Code (governing disclosures to Congruss); Section 1034 of Title 10, United States Code; as amended by the Military Whistleblowers 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 Whistlehlower Protection Act (governing disclosure of illegality, waste, frauld, abuse, 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 disclosure 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. 783(b)). The definitions, requirements, obligations, rights, sauctions 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 conformance with the law of the United States.

I make th	his Agreement without any me	utal reservation or purpos	e of evasion.		
	·	-	HR Clinton	22 January 2009	-
condition of acce	ss to Sensitive Compartmen		who accepted it on behalf of the U		B6
WITNESS and A	CCEPTANCE:	· -		71 January 2009	B7(C)
Si	ECURITY BRIE	FING / DEBI	RIEFING ACKNOW	LEDGMENT]
SI	<u>G</u> ,	TK	HCS		
ss	SN (See Notice Below)	Hillary Roo	ograms-by Initials Only) Tham Clinton S or Typed Name	Organization	- B6
BRIEF	DATE: 47 Jan	nuary 2009	DEBRIEF DATE:		
	acknowledge that I was briefed access Program(s):	on the above SCI	Having been reminded of my o comply with the terms of this A acknowledge that I was debrie Special Access Program(s):	Actement, I heraby	
	Signature of Individual Bri		Signature of Indivi		
			rdance with the relevant SCI procedure		B6 B7(C)
S	ignature of Briefing/Debdefing	Officer		Notice Below)	
32.0			DS/IS/SS(O State .	B6

NOTICE: The Privacy Act, 5 U.S.C. 522a, 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 Account 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, 2) determine that your access to the information has terminated, or 3) certify that you have witnessed a briefing or debriefing. Although disclosure of your SSN is not mandatory, your failure to do so may impede such cartifications or determinations

FORM 11-80.

(EF)

Printed or Typed Name

Page 2 of 2

B7(C)

Organization (Name and Address)

Standard Form 52			REQUES	T FOR	R PEF	RSONN	EL AC	CTION	RI	ELEASI	E IN PAR	TS		
Ray 7/91 U.S. Office of Personnel Guide to Processing Perso	Management onnel Actions, Cha	pter 4	1					, B	6					
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SECRETARY	of state													
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OFFICE OF	THE SECRI	ETARY												
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PART C - Re	eviews and	Approvats Initials/Signat	(Not to be use	Date Date	gunes	1. Office/Pi	inction		Initials/Sign	nturo		De	to	
A.	1					D.								
В.	1					E.								
C.														
2. Approval: I certi	fy that the inform	nation entered on	this form is accurate a	nd		Signature					. /	Approval D	sic	
the proprosed act			y and regulatory requi	ements.	OVE	R R			Edition	s Prior to 7/9	1 Are Not Us	able After	6/30/93	ļ

OVER

CONTINUED ON REVERSE SIDE



OFFICE OF THE SECRETARY HUMAN RESOURCES OFFICE

RELEASE IN PART B7(C),B6

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.

BY THE EMPLOYEE.			
		REVIEW AUTHO Nielsen, Senior	
EMPLOYEE INFORMATION			
Name Chery Wills Current Office	4)		
Last day in office Gaining Bureau or Post			
Forwarding Address	13		1
Personal E-mailPhone Number			
BUDGET AND TRAVEL OFFICE Rm. 7507 (Ext. 7-5946)	Initial	Date	
Citibank Bank Travel Card (transfer to new bureau)	ДПЕНИ		
Diplomatic Passport Returned or Cancelled Outstanding Travel Vouchers/Advances	-		
Outstanding Travel Vouchers/Advances	-		
SECURITY Rm. 5634 (Ext6-4848)	Initial	Date	
S Bureau Security Check Out Form Notify BSO of Departure Date 7 TH floor access deletion			
Return QUICK2000 ESCAPE Mask only if leaving the Department			1 1
Provide BSO a list of all routinely accessed safes			1 1
Schedule an SCI Debrief (Contact			B6
All Employees Rm. 7512 (Ext. 7-3574)	Initial	Date	B7(C)
Contact Clarence Finney, S/ES-CR for out processing	Initiat	Date	
DS-1904 - Authorization for Removal of Personal Papers and Non-Record			1 1
Materials (Contact Clarence Finney x7-3574) Attended S/ES Record keeping and Electronic records removal departure brief			
Debriefed on record rentention responsibilities with bureau record officer			
Executive Office (S/ES-EX)			
GENERAL SERVICES OFFICE Rm. 7519 (Ext. 7-6883)	Initial	Date	
Return Parking Permit			
CVCTTTM CO. T. C.			
SYSTEMS Poems Help Desk 8 th Floor (Ext. 7-8700) Notify POEMS of transfer from bureau and request transfer guidance	Initial	Date	
Return all borrowed equipment (BB, RSA Token, Laptop, thumb drive,		-	
portable printer/scanner) to Mobile Solutions (Rm 7437; 7-8555 or 7-0811)		9.0	
Open M-F, 7am-7pm			
Turn in Secure Cell phone (Contact Purcell Lee x 7-1532)			

6/4/2015

Page 1 of 2S BUREAU Civil Service CHECKOUT FORM.doc



OFFICE OF THE SECRETARY HUMAN RESOURCES OFFICE

	, to sold all outs	tanding obligation	on my bomm.
ignature of Employee	Signature	of Designee	
TUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638) Complete & deliver evaluations on supervised employees' Old you receive a copy of your performance evaluation? P-32 S-8 Comminate Special Differential Experiment Statement (OF-109) Experiment Statement (OF-109) Experiment Statement (OF-109) Experiment Statement (OF-109) Experiment Statement Coverage Experiment Statement Coverage Experiment Contribution Experiment Contribution Experiment Contribution Experiment Coverage Experiment Contribution Experiment Coverage Experiment Contribution E	as) CSRS) ns)	Initial Solution All the solution of the sol	10 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 15 6 4 4 15 6 4 4 15 6 4 4 15 6 4 4 15 6 4 4 4 4 4 4 4 4 4
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UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833718 Date: 11/05/2015

RELEASE IN PART B7(C),B6

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN

MILLS, Cheryl D.

AND THE UNITED STATES

(Name of Individual - Printed or typed)

REVIEW

- 1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being grauthority: 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 of Nielsen, statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified information meets the standards for classification and is in the process of a classification determination as provided in Section 1.1, 1.2, 1 1.4(e) of Executive Order 12958, or under any other Executive order or statute that requires protection for such information Reviewer 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 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 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.

51 4 0 6.

(Continue on reverse.)

NSN 7540-01-280-5499 Previous edition not usable

STANDARD FORM 312 (Rev. 1-00) Prescribed by NARA/ISOO 32 CFR 2003.E.O. 12958

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

NAME OF WITNESS (Type or print)

ORGANIZATION (IF CONTRACTOR, LICENSEE, GRAN	ITEE OR AGENT, PROV	11.29.09 IDE: NAME, ADDRESS, AND	(See Notice below)	LY CODE NUMBER)	-
Department of State 2201 C Street NW Washington, DC 20520					
WITNESS			ACCEPTANCE		
THE EXECUTION OF THIS AGREEMENT V BY THE UNDERSIGNED.	AS WITNESSED		ACCEPTED THIS AGREE TED STATES GOVERNME		
NAME AND ADDINESS (Type or print)	DATE (mm-dd-yyyy)	SIGNATURE NAME AND ADDRESS (Type	or print)	DATE (mm-dd-yyyy)	B6 B7(C)
Department of State 2201 C Street NW Room 1818 Washington, DC 20520					B7(C
SEC	URITY DEBRIEF	NG ACKNOWLEDG	MENT		
I reaffirm that the provisions of the espionage la information have been made available to me; the classified information to any unauthorized person unauthorized person to solicit classified information	ws, other federal crir	ninal laws and executive	orders applicable to the safe	annunicate or transmit	
SIGNATURE OF EMPLOYEE				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.

SIGNATURE OF WITNESS

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

STANDARD FORM 312 BACK (Rev. 1-00)

-					
CHERYL MILLS SSN:					B6
SHE WAS ADMINISTRATIV	•				
ON FEBRUARY 27, 2015.	x 77101	ROOM 22	39		
	*			B6 B7(C)	
9					
				5:	
S. GILLMORE	3/13/2015		12:10	P.M.	
	RELEASE IN PART	Γ B7(C),B6		UTHORITY: enior Review	The state of the s

RELEASE IN PART



Agency Certification of Insurance Status

REVIEW AUTHORITY:

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Group the streets		reaerai Em	pioyees Gro	nip Lije i	nsurance Pr	ogram	Reviewer	vielsen, So	enior	
To Agency: See reverse		and instructions								
 Name of employee (Last,) Mills, Cheryl D. 	first, middle)				birth Month, day,		3. Social Security numb			
4a. Event requiring certification X Separation (includes in Retirement Death as an employee Had employee filed A (SF 2801 or SF 3107)	resignation) pplication for R	CS TV DC etirement FS	RS*	CIA FICA æ & Fire/Pub	Other (Specifical Control of Cont	(SF 54,	on file with this agency ile in employee's Official	,		
Death as a reemploye End of 12 months nor Other (Specify) 8. Date of event checked in i	tem 4a 9. Da	insure No Ye te of SF 2819, Notice	s (attach RI 76-1) e of Conversion Pr	Amount elected (check one and attach EOB) No Partial (post-election BLA \$						
02/01/2013 10. Annual basic pay (not be hourly, daily, plecework,	sic insurance amou			11. Effec			nder the FEGLI Program	a (If any	_	
\$179,655.00 12a. Did employee have Opti	on A - Standard In	surance on date in ite	m 87	13a Did e	mployee have Onti	on C - Family	Insurance on date in item	a 8?		
No Yes 12b. Amount of Option A 12c. Effective date of election 14a. Did employee have Option B - Additional Insurance on date in item 8?				No Yes			- 13b. Effective date			
14a. Did employee have Opti	on B - Additional	Insurance on date in i	item 8?						_	
No Yes	of election 2009	14c. Number	of multiples on dat 2	e in item 8	last 5 years	f multiples duri	ing			
15. Personnel records cer I certify that the above i Employee's Group Life 15a. Signature of certifying of Carol P. 15b. Typed name of certifyin Carol P. Carter 15c. Title Human Resources Spec		lects, official personnel records, and that the employee was covered by Federal 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								
15d. Date				15£ Telep	hone number (Inc.	luding area co	de)		_	
	01/24/20				302 647-6	090				
16. Payroll records certific I certify that I have com Payroll deductions were (Insurance code and SF	pared the annua being made or	l basic pay shown would have been n	in item 10, above nade if the emple	e, with curr	ent payroll record	is and the fig or the alpha o	ures agree.	Alpha co	de	
16a. Signature of certifying of	fficial (Facsimile r	not acceptable)		16f. Name and address of payroll office (If different from that given in Item 15e)						
16b. Typed name of certifying	gofficial									
16c. Title		1		1						
16d, Date	16c, Telephon	e number (Including	area code)	16g. Payre	oll office number				_	
Remarks (For agency use on	b) ·			OPM use only						
π UNCLASSIFIED	U.S. Depa	rtment of Sta	te Case No	. F-201	5-05069 Do	c No. C05	5833729 Date:	11/05/201	15	



Agency Certification of Insurance Status

Federal Employees' Group Life Insurance Program

B6

B6

B6

B6

To Agency: See reverse for	information a	nd instru	actions							
1. Name of employee (Last, first, Mills, Cheryl D.				2. Date	of birth (M	onth, da	у, уеа	7) 3.	Social Security num	her
4a. Event requiring certification X Separation (includes resignation to the control of the cont	lication for Ret		CSRS/FERS TVA DCRS* FSRS *D.C. Po	VA FICA Attached None on file with this agency					y .	
No Death as a reemployed ar			6. Did the employee assi insurance?	gn his/her					fits? heck one and attac	h EOB)
End of 12 months non-pa Other (Specify) 8. Date of event checked in item		of SE 281	No Yes (attach RI 76- 9, Notice of Conversion)		No Yes			Full	election BIA \$	
02/01/2013 10. Annual basic pay (not basic i	соче	rage as an	employee terminates, inc	huding all rei	tring emplo	yees)			819 for each employ er the FEGLI Progra	
hourly, daily, piecework, etc. \$179,655.00			1	bred	k in service	, list dat	les)			199
12a. Did employee have Option A	nt of Option A	13a. Did	employee	have Op	tion C	- Family Ins	surance on date in ite			
Yes —				Yes				-	13b. Effective date of election	
No Yes 14a. Did employee have Option B - Additional Insurance on date in item 8? 14b. Effective date of election 04-26-2009 15. Personnel records certification (This form will not be accepted)					er of multip				14d. Lowest number last 5 years	of multiples during
. I certify that the above infor	rmation was of	tained fr	om, and correctly refle	ut both pers ects, official	onnel and personnel	payroll records	certi s, and	fication.) that the en	aployee was cover	ed by Federal
Employee's Group Life Insurance on the date in item 8. 15a. Signature of certifying official (Facsimile not acceptable) 15b. Typed name of certifying official Carol P. Carter 15c. Title				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						
Human Resources Speciali 15d. Date	ist			15f. Telephone number (Including area code)						-+-
	01/24/201							47-609		
16. Payroll records certification I certify that I have compar Payroll deductions were be (Insurance code and SF 50)	ed the annual ling made or w	basic pay ould have	shown in item 10, about been made if the emp	ve, with cu	rent payro	oll recor	rds an for th	d the figure e alpha cod	es agree.	Alpha code
16a. Signature of certifying offici	al (Facsimile no	t acceptabl	e)	16f Na	me and add	ress of p	ayroll	office (If di	fferent from that give	n in item 15e)
16b. Typed name of certifying off	ficial									
16c, Title										
16d. Date	ncluding area code)	16g, Pay	roll office i	number						
Remarks (For agency use only)		1.		OPM us	e only					
UNCLASSIFIED U.S	S. Departn	nent of	State Case No	F-2015	5-05069	Doc	: No	. C0583	3729 Date:	11/05/2015 !



Agency Certification of Insurance Status

Federal Employees' Group Life Insurance Program

B63

B6

B6

To Agency: See reverse for	information and	instructions						
1. Name of employee (Last, first, Mills, Cheryl D.		12.	2. Date of	birth (Month day ye	ar) 3.	Social Security number		
4a. Event requiring certification X Separation (includes resignation) Retirement Death as an employee Had employee filed Appl (SF 2801 or SF 3107) with	lication for Retir	Ath Employee's retirement CSRS/FERS IVA DCRS* FSRS *D.C. Polic 4c. OWCP number (if ap)	CIA FICA e & Fire/Pub	Other (Specify)	(SF 54, SF Attached None on	hed on file with this agency le in employee's Official Personnel		
Death as a reemployed at End of 12 months non-pa Other (Specify) 8. Date of event checked in item 02/01/2013	y status 4a 9. Date of	6. Did the employee assign insurance? No Yes (attach RI 76-16) TSF 2819, Notice of Conversion Proge as an employee terminates, includes the second	o) ivilege - Issu	Amount elected (check one and attach EOB) No Partial (post-election BIA \$) Yes Full illege-Issuance Is Mandatory (Prepare SF 2819 for each employee whose				
10. Annual basic pay (not basic hourly, daily, piecework, etc. \$179,655.00				ive date of continuous in service, list dates)	coverage unde	er the FEGLI Program (f any	
12a. Did employee have Option A	nce on date in item 8? b. Amount of Option A c. Effective date of election	13a. Did e	mployee have Option	C - Family Ins	surance on date in item 8? 13b. Effective date of election			
No Yes 15. Personnel records certifi	ication (This for	b. Effective date of election 04-26-2009 rm will not be accepted without	both person	of multiples on date in	tification.)	14d. Lowest number of m last 5 years		
15. Personnel records certification (This form will not be accepted without I certify that the above information was obtained from, and correctly reflect Employee's Group Life Insurance on the date in item 8. 15a. Signature of certifying official (Facsimile not acceptable) 15b. Typed name of certifying official Carol P. Carter 15c. Title				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				
Human Resources Special 15d. Date	01/24/2013		15f. Teleş	phone number (Included 20	ling area code) 2 647–6			
I certify that I have compa	on (This form wered the annual ba	will not be accepted without due sic pay shown in item 10, about ald have been made if the emplant the date in the item 8.	e, with curr	ent payroll records	and the figure	es agree.	Alpha code	
16a. Signature of certifying office	ial (Facsimile not a	ecceptable)	16f. Nam	e and address of payro	oll office (If dig	fferent from that given in	item 15e)	
16b. Typed name of certifying of	ficial		1					
16c, Title								
16d. Date	16e. Telephone m	umber (Including area code)	16g. Рауг	oll office number				
Remarks (For agency use only)			OPM use only					

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833739 Date: 11/05/2015

RELEASE IN PART B6

U.S. Department of State

Date (mm-dd-yyyy) REQUEST FOR BUILDING PASS IDENTIFICATION C

B6

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A ()
1
A-40-4

*	APPLIC/	ANT SECTION (1-20)			
Applicant Name (Last, First, Middle, Suffix)	S.2.				
Mills	3	Cheryl	D	*	
2. Social Security Number		3. Date of Birth (mm-dd-yyyy)			
, , , , , , , , , , , , , , , , , , , ,	8				2
Company of the compan					
4. Cilizenship (If Other, Specify)		5. Dual Citizenship (Specify Count	try)	6. Gender	
X U.S. Other				Male	X Female
7. Applicant Home Address (Street)	8. Apt. Number	9. City	1	10. State	11. ZIP Code
			1	DEV/IE	W AUTHORIT
12. Applicant E-Mail Address					ra Nielsen, Se
3. Employer Name		Idd Employee Phone Mumbon		The state of the s	wer-
		14. Employer Phone Number	. [15. Етпричус	rax Number
U.S. Department of Stat	e .		3		*
6. Employer Address (Street)	17. Suite Number	18. City	1	9. State	20. ZIP Code
201 C Street NW	1 "	Washington		DC	20520
	SPONSO	R SECTION (21-34)			
1. State Department Sponsor (Printed Name)			Office Phone Nu	mber ·	
Cynthia J. Motley				547-6040	
3. Sponsor Type					Office Symbol
		4	1		omoo oymoo
EX X HR DIR CO	COR Oth				
		(Specify)			S/ES-EX
5. Type of Building Pass Requested			2	6. Escort A	thority se or Public
DOS USG Employee — DOS Org. Code				Trust Re	quired)
(Including PSC)				. —	
Contractor (Complete Items 27, 28, 29)		Press Foreign D	omestic .	XY	es No
	_	I I I I I I	.1		
Other USG Employee (Specify	Amenay	Other(Specify)			
. (Opech)	- Agonoy)	. (openly)	1		
7. Contract Number 28. Contract Dates (mm-dd-yyyy)				Classified Yes	porting .
		•То		168	
D. Hours of Access			3	1. Type of A	ccess
Normal Business Hours (7:00 AM to 6:3			[] n	ding Assess Oct	
	,			L Bui	Iding Access Only
Special Business Hours (5:30 AM to 6:3	10 PM/Monday-Friday)		8	Tel But	ding and Computer
	*	Œ.		X Bui	ding and Computer ess
X 24 Hr. /7. Day					
2. Sponsor Signature	, , ,	34. Sponsor DOS Building Par	ss Number		
1 1 -1 -1 8	5/1×/001				
(Journa J / /)					
Cypithes 1	Day end	=			
Date Signed (mm-dd-yyyy)	may hay	=	.720		

PRIVACY ACT STATEMENT

Authority: 22 USC 2658; 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)

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833739 Date: 11/05/2015

REQUEST FOR BUILDING PASS IDENTIFICATION CARD (Continued)

DS/SSD/DS	SIS USE ONLY
A. ŞmartCard Badge Number Issued	B. Wiegand Badge Number Issued
PIN Issued	
C. SmartCard Badge Number Returned	D. Wiegand Badge Number Returned
E. Issuance Style - SmartCard	F. Issuance Style Wiegand
New Lost Damaged Upgrade/Update	New Lost Damaged Upgrade/Update
Renewal Stoten Info Change Other	Renewal Stolen Info Change Other
G. Badge Type - SmartCard	H. Badge Type - Wiegand
I. Current Clearance Level J. Date Granted (mm-dd-yyyy) K. Granting Agency
L. DSIS Operator M. Operator Initials	N. DSIS Supervisor O. Supervisor Initials
SPECIAL ACCESS/	CLEARANCE CODES
	SE ONLY Briefed De-Briefed
A. SCI Clearance Verified as: B. Date Verified (mm-dd-yyyy) C. Verified By (Printed Name and Signature)
Full-5 Proximity-4 None	
* • · · · · · · · · · · · · · · · · · ·	
Add Orangestripe Remove Orangestripe INR US	SE ONLY
A. Office Symbol Requesting Code B. Date Requeste	d (mm-dd-yyyy) C. Authorized By (Printed Name and Signature)
· · · · · · · · · · · · · · · · · · ·	
OTHER SPECIA	L ACCESS CODE
A. Requesting Office B. Code C. Date Requeste	d (mm-dd-yyyy) C. Authorized By (Printed Name and Signature)
Notes/Comments	
and the second s	
, s	



U.S. Department of State

TERMINATION CERTIFICATION STATEMENT

EXECUTIVE PERSONNEL FINANCIAL DISCLOSURE REPORT (SF-278)

RELEASE IN PART

TERMINATION FILING.

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

	Date (mm-dd-yyyy)
with instructions. I a following: http:\\www Disclosure Division (20522-0102, within 3 understand that I ha	e: I certify that I have received the SF-278, Executive Personnel Financial Disclosure Report, also have been advised that I can obtain an electronic version of the SF-278 by accessing the sf278wizard.state.gov/. I understand that the completed form must be filed with the Financial (L/ETHICS/FD), Office of the Legal Adviser, U.S. Department of State, Washington, DC 30 days of the effective date of termination from my SF-278 covered position. I further we an additional 30-day grace period to ensure that my report reaches L/ETHICS/FD. If my is not received in L/ETHICS/FD within 60 days of my termination date, absent an extension, I filling fee.
	M 17 1/11
8	Cheryl D. Mills Full Name (Type or Print)
	r di ridiro (1900 di 1 ilily
	Signature
	Chief of Staff / Counselor, ES-130-00
97	Title and Grade
	02.01.2012
Termination/Transfe	r Date (mm-dd-yyyy)* 02-01-2013
Current Post	• •
Forwarding Address	s or Post
Forwarding Telepho	ne
	*
Forwarding Email A	ddress
*Note: Foreign Serv 30 days of de	ice Officers serving in senior "stretch" assignment must file a Termination report within eparture 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

DS-1971

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833742 Date: 11/05/2015

B6

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833742 Date: 11/05/20	UNCLASSIFIED U.	S. Department of State	Case No.	F-2015-05069	Doc No.	C05833742	Date: 11	/05/201
----------------------------------------------------------------------------------------------	-----------------	------------------------	----------	--------------	---------	-----------	----------	---------

Acknowledgement of TCC Notice

	€3	
Employee Signature	Date	

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833742 Date: 11/05/2015

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

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100.000	artment of State		1. To (Agency)		of Separation	3. Retiremen	System
FISCAL CLEAN		INAL	DoS	×	Resignation Other	CSC	FS
	SALARY PAYMENT DoS Employees Name (Lest, First, Ml.)				Retirement ployee Number	FICA 6 Pay Plan	and Grade/Level
	-4 -1111/			J. Ein	noyee Number	o. ray rian a	and Grade/Level
Mills		Cheryl	D			ES	-130-00
7. Maiden Name (If used while	e employed by the	Department)		8. Hom	ne or Mailing Address	-	
This form is to be filled out for After making appropriate entries satisfactorily accounted for and	arrangements mai	de to satisty any in	debtedness the emp	loyee ma	ay have to the U.S. Gove	mployee who le e until all items mment.	s to be separated s shown below an
*		anding Obligations	(To be completed by	y officials	, as appropriate)		
Types of Exceptions or Indebtedness	Entry By (Initials)	Date Peri	Name, Symbol, lod of Accounts Vouche	r Number	Appropriation, Allotment Number and Object	t, Obligation, Amount of Class Indebtedne	
U.S. General Accounting Office (GAO) Exceptions and/or Inquiries			4				
Travel Advances			4			-	
Fravel and Transportation					REVIEW A	UTHORITY	': Barbara
Payroll ·					Nielsen, Se	enior Revie	ewer
Effects Control							
oaned Property							
Library Materials, Departmental							
Medical Indebtedness							
Other Indebtedness							
.*	Total	Indebtedness					
	Less	Check(s) or Money (Order(s) Submitted by E	Employee			
	Balar	nce to be deducted b	y the United States Go	vernment			283
0. Transportation Request Statu	s (To be complete	ed by Employee's	Administrative Office)			
Was travel authorized at Go	70	E 250 E	☐ YES		NO		
If the answer is yes, show To			nd list all outstanding	Govern	ment Transportation Req	uests under Ite	m 11, Remarks.
11. Remarks							
Resignation due to change in	agency leadersh	ip.					
18-							
42	9 9						
		50					
12. Date (mm-dd-yyyy) 13. Ty	ped Name and Si		zed Finance Official				
		Ca	rol P. Carter, Hun	nati Kes	ources opecialist		
01-24-2013							

DS-8

Cheryl Mills

Item	Ta. 11	T
	Rec'd	Notes
Resignation Letter		
SF-52 – Notification of Personnel Action (PO)		
SF-312 – Classified Information Nondisclosure Agreement		
OF-109 — Separation Statement (PO)		
SF-1152 - Designation of Beneficiary (Unpaid,		
Compensations) (E)		
SF-2810 - Notice of Change in Health Benefits Enrollment (PO) 2009	1-24-2013	•
TCC - Temporary Continuation of Health Benefits Coverage (Cobra) - Letter	1-19-2013	,
SF-2819 – Notice of Conversion Privilege (FEGLI)		
	1-44-2013	
SF-2823 – Designation of Beneficiary FEGLI (Life Insurance) (E)		
SF-2821 – Agency Certification of Insurance Status (PO)	1-24-2013	
SF-2802 –Application for Refund of Retirement		
Contributions (E)		
SF-3102 – Designation of Beneficiary FERS (E)	1	
SF-3106 – Application for Refund of Retirement		
Deductions (FERS)(E)		1
SF-3107 - Application for Immediate Retirement FERS (E)		
PKG - Thrift Savings Plan Withdrawal Package	1-23-2013	Print Booklet for employee
SF-278 — Executive Branch Personnel Public Disclosure		D-1-4 C
Report (E)	1-24-2013	N = 0.40.40
Letter- Certification Statement for SF-278 Termination		- 0=1
Filing	1-24-2013	DS-1971
Notice: Post-Government Employment Restrictions and Conflicts of Interest		
SF-8 – Unemployment Compensation for Federal		
Employees (UCFE) Program (PO)		
DS-8 – Fiscal Clearance for Final Salary Payment (PO)	1-34-2013	
DS-8a - Administrative Clearance for Separation (PO)		
Department of State Telephone Locator (PO)		Check with employee
OTHER ITEMS COVERED UPON DEPARTURE	- Personnel O	officer will request return
of the following items:	**	•
Citibank Travel Card		
U.S. Department of State Identification Card		
White House Pass		
Visit Pin		
Parking Permit		
Cellular Telephone(charger, car adapter, batteries)		
Passports (may be cancelled and returned to you to be		
kept as mementos if desired)		
,		

B6 B7(C) RELEASE IN PART B6

> REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

B6 .

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.

Government service.

12 % \rightarrow b2 \lambda\text{VIII b007} \frac{26 May}{26 May}, 2009

Date

Mills, Cheryl D

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

OK TO FILE

	* >	*
*	6	THRIFT SAVINGS PLAN
*	a comment	I THIF! SAVINGS PLAN
*		ELECTION FORM
*	at at	ELECTION FORIN

RELEASE IN PART

TSP-1

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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. REVIEW AUTHORITY: Note: To choose your investment funds, see the instructions in the General Information section on the back of this form. Barbara Nielsen, Senior Reviewer INFORMATION **ABOUT YOU** Street Address Zip Code 3. Social Security Number Identification (Agency and Organization) To start or change the amount of your contributions to your TSP account, enter either a whole percentage of your START OR basic pay per pay period (Item 6) or a whole dollar amount per pay period (Item 7). Skip to Section IV. **CHANGE YOUR** CONTRIBUTIONS **B6** 7. \$ III. To stop your contributions to the TSP, check Item 8 and complete Section IV. (If you are a FERS employee and STOP YOUR you are eligible to receive Agency Automatic (1%) Contributions, those 1% contributions will continue. Read the CONTRIBUTIONS 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 12 118 Date Signed (mm/dd/yyyy) Participant's Signature V. FOR **EMPLOYING** OFFICE USE ONLY PRIVACY ACT NOTICE. We are authorized to request the information you pro-

vide 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 stable, 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 legation 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.

Form TSP-1 (1/2009) PREVIOUS EDITIONS OBSOLETE

THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY

RELEASE IN PART B6

TSP-3

TSP record keeper. on or before your d	If you	te a beneficiary or beneficiaries to receive your civillan Thrift Savings Plan (TSP) account after your death. Do d Form TSP-3 to your employing agency. In order for your form to be valid, this form must be received by our agency mishandles the transmittal of this form, and this form is not received by the TSP record keep of death, it is invalid. Type or print the information requested. Do not after this form or the information you en signate a beneficiary for a uniformed services account.	y that er E ter. Ni	Barbara ielsen,
I. INFORMATION		1. Name MILLS, CHARYL D	1000	enior eviewer
ABOUTYOU		2. 4. (202) 647 - 554	8	B6
		TSP Account Number Date of Birth (mm/dd/vvvv) Daytime Phone (Area Code and Num 5. Address	iber)	В6
		6. City 8. Zip Code	_	B6
II. DESIGNATING YOUR BENEFICIARIES		Indicate in whole percentages the share of your TSP account to be paid to each beneficiary. 1. Beneficiary Name (Last) (First) (Middle)	96	В6
DENEFICIARIES		Street address or box number	_	B6
		City	+	B6 B6
		Social Security Number/EiN Date of Birth (mm/dd/yyyy) Relationship	\pm	БО
ě		2. Beneficiary Name (Lest) (First) (Middle) Street address or box number	%	
		City State/Country Zip Code Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship	İ	
		3. Share: Share:	%	
		Street address or box number		
		City State/Country Zip Code Social Security Number/EiN Date of Birth (mm/dd/gyyy) Relationship	I	
	TEST (☐ Check here if additional pages are used. Number of additional pages (See back of form.)		
II. YOUR SIGNATURE		Sign and date this section. Your signature must be witnessed in Section IV. OA 2609 Participant's Signature Date Signed		
V. VITNESSES TO SIGNATURE		This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. (A witness can 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.	nt:	ļ
		Witness 1 Typedor Printed Name of First Witness Witness 2 To IV Jour No First Witness Signature of First Witness A Mitness 2		
I		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

RELEASE IN PART B7(C),B6

Barbara

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.

 REVIEW AUTHORITY:

			Meisen, Senior Rev	lewei
EMPLOYEE INFORMATION Name Huma Apedin	Current Office			
Last day in office				
Forwarding Address				
Personal E-mail				
BUDGET AND TRAVEL OFFICE Rm. 7507 (Ex Citibank Bank Travel Card (transfer to new bureau) Diplomatic Passport Returned or Cancelled Outstanding Travel Vouchers/Advances	rt. 7-5946)	Initial	Date	
SECURITY Rm. 5634 (Ext6-4848) S Bureau Security Check Out Form Notify BSO of Departure Date 7 TH floor access delet Return QUICK2000 ESCAPE Mask only if leaving t Provide BSO a list of all routinely accessed safes Schedule an SCI Debrief (Contact		Initial	Date	B
All Employees Rm. 7512 (Ext. 7-3574) Contact Clarence Finney; S/ES-CR for out processin DS-1904 — Authorization for Removal of Personal Patternals (Contact Clarence Finney x7-3574) Attended S/ES Record keeping and Electronic record Debriefed on record rentention responsibilities with Executive Office (S/ES-EX)	apers and Non-Record	Initial .	Date	
GENERAL SERVICES OFFICE Rm. 7519 (Ext. Return Parking Permit	7-6883)	Initial	Date	
SYSTEMS Poems Help Desk 8 th Floor (Ext. 7-870) Notify POEMS of transfer from bureau and request to Return all borrowed equipment (BB, RSA Token, La portable printer/scanner) to Mobile Solutions (Rm 740) Open M-F, 7am-7pm Furn in Secure Cell phone (Contact Purcell Lee x 7-1)	ransfer guidance ptop, thumb drive, 37; 7-8555 or 7-0811)	Initial	Date	

6/4/2015

Page 1 of 2S BUREAU Civil Service CHECKOUT FORM.doc



6/4/2015

OFFICE OF THE SECRETARY HUMAN RESOURCES OFFICE

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? 37-52 38-58 Ferminate Special Differential Separation Statement (OF-109) Passee: Building Pass/Ops Center SF-2819 (Health Insurance-Change Plan when going overse SF-2819 (Life Insurance) TSP Package SF-2821 (Life Insurance) FF-2819 (Application for Refund of Retirement Deduction-SF-2802 OR OPIN-3108 (Refund of Retirement Deduction-SF-2802 OR OPIN-3108 (Refund of Retirement Contribution SF-278 (Financial Disclosure Report and Termination Certif Timekeeper Notified SF-8 (Unemployment Comp.) Craining (Gancel) DS-1971 (Termination Certification Statement)	Initial Date
All Check Out Requirements satisfied (Dep. Exec. Direct REMINDER: IF TRANSFERRING OVERSEA) Made personal arrangements for insurance of et assignment?	S, HAVE YOU

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833760 Date: 11/05/2015

Page 2 of 2S BUREAU Civil Service CHECKOUT FORM.doc



OFFICE OF THE SECRETARY HUMAN RESOURCES OFFICE

RELEASE IN PART B7(C),B6

CHECK-OUT FORM

REVIEW

The purpose of this form is to ensure that all your official & personal affairs are in order before departing.

AUTHORITY:

B6

S/ES-EX cannot assume responsibility for any of your obligations after you depart. Barbara Nielsen, Check Out Forms must be initialed by a staff member from each section. FORMS SHOULD NOT BE INITIA Senior Reviewer BY THE EMPLOYEE. EMPLOYEE INFORMATION Name Abedin, Huma M Current Office Office of the Secretary Last day in office Friday February 1, 2013 Gaining Bureau or Post Forwarding Address Personal E-mail Phone Number **B6** BUDGET AND TRAVEL OFFICE Rm. 7507 (Ext. 7-5946) Initial Date B7(C) Citibank Bank Travel Card (transfer to new bureau) Diplomatic Passport Returned or Cancelled Outstanding Travel Vouchers/Advances Initial SECURITY Rm. 5634 (Ext.-6-4848) 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 **B6** Schedule an SCI Debrief B7(C) Initial Date Schedule C/Political Appointees Rm. 7512 (Ext. 7-3574) Contact Clarence Finney, S/ES-CR x7-3574 for out processing DS-1904 - Authorization for Removal of Personal Papers and Non-Record Materials (Contact Clarence Finney x7-3574) Executive Office (S/ES-EX) Date GENERAL SERVICES OFFICE Rm. 7519 (Ext. 7-6883) Initial

SYSTEMS Poems Help Desk 8 th Floor (Ext. 7-8700) Notify POEMS of transfer from bureau and request transfer guidance	Initial GMM	2-14-13
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	RMM	2-14-13
Turn in Secure Cell phone (Contact Purcell Lee x 7-1532)	mm	2-14-13

DESIGNATORY TO HANDLE YOUR BILL	S AFTER DEPART	URE .
I hereby designate	to settle a	ll outstanding obligations on my behalf.
Signature of Employee	Sig	mature of Designee
1/30/2013	Page 1 of 2	S BUREAU CHECKOUT FORM.doc



OFFICE OF THE SECRETARY HUMAN RESOURCES OFFICE

HUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638)	Initial	Date	
Complete & deliver evaluations on supervised employees	cim	01/30/2013	
Did you receive a copy of your performance evaluation?	N/A		
SF-52	cim	01/30/2013	
DS-8			
Terminate Special Differential	N/A		
Separation Statement (OF-109)			Be
Passes: Building Pass/Ops Center			B7
SF-2810 (Health Insurance-Change Plan when going overseas)	cim	01/30/2013	
SF-2821 (Life Insurance)			
TSP Package	cim	01/30/2013	
SF-2818 (Post Retirement Coverage)			
SF-3106 (Refund of Retirement Contributions)	cim	01/30/2013	
Timekeeper Notified			
SF-8 (Unemployment Comp.)	cim	01/30/2012	
DS-1971 (Termination Certification Statement)			В
			В
	. *		
Employee Service Center Rm. 1252 (Ext. 73432)			- 1
Check passports' expiration dates & visa requirements for next post Health Unit (Ext. 3-1672) Start medical examinations/immunizations Shipping Rm. 1248 (Ext. 74140) Arrange for Pre-pack survey Dates of HHE pack out Date of UAB pack out Travel Unit Confirm travel reservations with HR/CDA and Gaining Bureau Financial Management Office Rm. 1603 (Ext. 77543) Request pay & travel advances, if eligible Now is a good time to e-mail an introductory letter to your new Ambassado	r where you have be	een assigned, as well as to	
Health Unit (Ext. 3-1672) Start medical examinations/immunizations Shipping Rm. 1248 (Ext. 74140) Arrange for Pre-pack survey Dates of HHE pack out Date of UAB pack out Travel Unit Confirm travel reservations with HR/CDA and Gaining Bureau Financial Management Office Rm. 1603 (Ext. 77543) Request pay & travel advances, if eligible	r where you have be	een assigned, as well as to	
Health Unit (Ext. 3-1672) Start medical examinations/immunizations Shipping Rm. 1248 (Ext. 74140) Arrange for Pre-pack survey Dates of HHE pack out Date of UAB pack out Travel Unit Confirm travel reservations with HR/CDA and Gaining Bureau Financial Management Office Rm. 1603 (Ext. 77543) Request pay & travel advances, if eligible Now is a good time to e-mail an introductory letter to your new Ambassado your future supervisor and CLO.			

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833764 Date: 11/05/2015

RELEASE IN PART B7(C),B6

CL	ASSIFIED	INFORMATION	NONDISCLOSURE	AGREEMENT
-		WALL PRINCIPLE FOLK	HOHDISCESSORE	WISINECIAL

REVIEW -AUTHORITY:

AN AGREEMENT BETWEEN

ABEDIN, Huma M.

AND THE UNIT Senior Reviewer

(Name of Individual - 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 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 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 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.

ZEN CO DI TEN 192

(Continue on reverse.)

NSN 7540-01-280-5499 Previous edition not unable STANDARD FORM 312 (Rev. 1-00) Prescribed by NARA/ISOO 32 CFR 2003.E.O. 12958

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 State 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.

11.1 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.

WITNESS		ACCEDTA	
IP PUPALIMAN APPRILA AAMPEN		ACCEPTA	NCE .
Y THE UNDERSIGNED.	ENT WAS WITNESSED	THE UNDERSIGNED ACCEPTED TO BEHALF OF THE UNITED STATES	
IGNATURE	DATE (mm-dd-yyyy)	SIGNATURE	DATE (mm-dd-yyyy)
	01-30-209		
AME AND ADDRESS (Type or print)	1 0 0 0 1	NAME AND ADDRESS (Type or print)	
Vashington, DC 20520			
The state of the s			
		ING ACKNOWLEDGMENT	
eaffirm that the provisions of the espioromation have been made available to a ssified information to any unauthorized pauthorized person to solicit classified information.	nage laws, other federal crime: that I have returned all	ing acknowledgment minal laws and executive orders applicable classified information in my custody; that will promptly report to the Federal Bureau we not) (strike out inappropriate word or word	e to the safeguarding of classified will not communicate or transmit of investigation any attempt by an ts) received a security debriefing.
eaffirm that the provisions of the espior ormation have been made available to issified information to any unauthorized pauthorized person to solicit classified information.	nage laws, other federal crime: that I have returned all	rinal laws and executive orders applicable	e to the safeguarding of classified will not communicate or transmit of investigation any attempt by an ts) received a security debriefing. DATE (mm-dd-yyyy)
authorized person to solicit classified info	nage laws, other federal crime: that I have returned all	rinal laws and executive orders applicable	of investigation any attempt by an is) received a security debriefing.

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

STANDARD FORM 312 BACK (Rev. 1-00)

B6

STANDARD FORM 1150 OFFICE OF PERSONNEL MAI	B6	9		RI	ECORD	OF L	EAVE DATA		,		
1. Name (Last, First, Middle)	1	-			-	2. Social Secut	ly Number	3. For Agency Use	1		-
ABEDIN, HUMA	M								01010	L	
Date and Nature of Separe	ation					5. A. Subject	CI to 5 U.S.C. 6304(8) (45 DAY I	EAVE CELING!	X	res	NO
02/01/13						8. Last D	ate Subject to 5 U.S.C. 6304(8)	C. Annual Leave Sak	ance as of The	t Date (Hous)	
RESIG-ILIA					**			1	DEM		
Total Service for Leave (as of Dale of	\Box		Than 15 Y	enter.	2					IEW AU ara Nie	
Seperation)		Less Than		ND SICK LE		ears	1 Months	22 SUMMARY OF HOME L		ewer	+
. Carry over 8ct				T SICK CE	Hours		18. Basic Service Period o		_		Ш
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Year Ending	01 /	12 /	13	7		0.00	Service Abrodo:	Date Started Date Completed	-		
Current Leave Year Account Through Pay Period End		26 /	- Contractor	0.00	0.00	0.00	19.		_		
applicable explain in re	micha)	A LEDGE OF THE L			0.00		On Current 12 Months Ac	crual Period Began	MO	DAY Y	EAR
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0. Reduction in Credits. If o	-	-		0.00	0.00						
 Total Leave Taken, Curr Date of Separation 	reni Year Th	rough		0.00	0.00	0.00	20. Current Balance (or a	corvai) as of	MO O1 /	DAY Y	EAR
2 Balance	-	-		-		0.00	1	<u> </u>	01/	20 / 13	-
3 Total Hours Paid in Lump	p Sum	- the sales	-	F			Humber of Days			0.00	
(Includes hou	urs for holida	yst .				0.00	21. Twelve Months Accrual of Separation - Number				
. Salary Rate(s) Per Hour:			Earn:	62.06	Leave:	62.06	1 Date of the same				
5. ump Sum Leove Dates (# par	rt-		-	MO DAY	YEAR	Hours	22. Dated Leave Used Prior 24	FROM	-	TO	
ne tour, explain in remarks)	24		from			0.00	Monits	MO DAY YEAR	MO	DAY Y	EAR
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During Leave Year in Wi	hich Separa	ted				0.00	Calendar Year	MO DAY YEAR	MO	DAY Y	EAR
7.				MO DAY	YEAR		A. Regular Active Duty or Italning				
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Remarks (Include share)	-	_	pplicable	l:			M-y		-		\dashv
					*						
											100
RESIGNATION 1	ILIA 2/	1/13									

RELEASE IN PART B6

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

B6

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.

(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.

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

OKTO FILE



Agency Certification of Insurance Status

Federal Employees' Group Life Insurance Program

RELEASE IN PART

B6

B6

To Agency: See reverse for information and inst	ructions			
1. Name of employee (Last, first, middle)		2. Date of birth (Month. day. year)	3. Social Security number	B6
Abedin, Huma M 4a. Event requiring certification	4b. Employee's retirements	ystem 5 Disnositi	on of Designations of Benefic	
X Separation (includes resignation) Retirement Death as an employee Had employee filed Application for Retirement	CSRS/FERS TVA DCRS*	FICA Other (Specify) (SF 54, 3	SF 2823)	Be
(SF 2801 or SF 3107) with OPM?	4c. OWCP number (if app		(7) 7	REVIEW
□ No □ Yes	6. Did the employee assign insurance?	his/her 7. Did the employee elect living ben	efits? check one and attach EOB)	AUTHORITY: Barbara Nielsen.
Death as a reemployed annuitant End of 12 months non-pay status	No. Yes (attach RI 76-10)	No Partial (pos	t-election BIA \$	Senior Reviewer
Other (Specify) 8. Date of event checked in item 4a 9. Date of SF 2.	819. Notice of Conversion Pri	vilege - Issuance Is Mandatory (Prepare SF	2819 for each employee whose	
02/01/2015	an employee terminates, includ		01/30/2013	
10. Annual basic pay (not basic insurance amount) on dai hourly, daily, plecework, etc., rate to annual rate)	te in item 8 (Convert	Effective date of continuous coverage un break in service, list dates)		Dy.
\$129,517.00 12a. Did employee have Option A - Standard Insurance of	n date in item 87	13a. Did employee have Option C - Family Ir		
12b. Am	ount of Option A	No No		В
Yes 12c. Effe	ective date of election	Yes —	13b. Effective date of elect	ion
14a. Did employee have Option B - Additional Insurance	on date in item 8?			
No Yes 14b. Eff	ective date of election	4c. Number of multiples on date in item 8	14d. Lowest number of multi- last 5 years	ples during B(
15. Personnel records certification (This form we I certify that the above information was obtained Employee's Group Life Insurance op the plate in i	from, and correctly reflect	both personnel and payroll certification.) s, official personnel records, and that the e	mployee was covered by F	ederal
15a. Signature of certifying official (Fassimila not accept		15e. Name and address of agency (Including U.S. Department of State S/ES-EX Room 7507	g ZIP code)	
15b. Typed name of certifying official Cynthia J. Motley	01	2201 C Street NW Washington, DC 20520		
15c. Title			•	
Administrative Officer		15f. Telephone number (Including area cod	(e)	
15d. Date 01-30-2013		202-647		
16. Payroll records certification (This form will n I certify that I have compared the annual basic p Payroll deductions were being made or would he (Insurance code and SF 50 equivalent) on the day	ay shown in item 10, above ave been made if the emplo	e, with current payroll records and the figure eyee had been in pay status for the alpha co	ode ———	pha code
6a. Signature of certifying official (Facsimile not accept		16f. Name and address of payroll office (If	different from that given in iten	15e)
"yped name of certifying official		1		N#S
1				
16e, Telephone number	(Including area code)	16g. Payroll office number		
agency use only)		OPM use only		
UNCLASSIFIED U.S. Department	of State Case No.	F-2015-05069 Doc No. C058	33770 Date: 11/05	/2015 !

Acknowledgement of TCC Notice

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

Employee Signature

Date

United States Department of State

Washington, D.C. 20520

www.state .gov

January 30, 2013

RELEASE IN PART B6

B6

To Whom It May Concern

SSN:

DOB:

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:	B6
Email:	B6
Telephone:	REVIEW AUTHORITY: Barbara
Sincerely,	Nielsen, Senior Reviewer
Huma M. Abedin	



RELEASE IN

	DESIGNATION OF BENEFICIARY PART B6 TSP-3	3
	This form is designed to be read by an optical scanner. To ensure that your request is not delayed, carefully type or print the infortion 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.	
ī	PARTICIPANT INFORMATION This applies to my: Civilian Account Uniformed Services Account Beneficiary Participant Account	Barbara Nielsen, Senior Reviewer
	1. A B B D I N H U M A M First Name Middle Name 2. TSP Account Number Account Number Design Code and Number Desig	_ В6
	TSP Account Number Daytime Phone (Area Code and Number)	B6
	7. Street Address Line 2 7. State 9. State 9. State	B6
11.	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).	
111.	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.	
	Witness 2: Signature Date Signed (mm/dd/yyy) Date Signed (mm/dd/yyy) Witness 2: Signature Date Signed (mm/dd/yyy) Witness 2: Print Full Name	1
	 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	
	FORM TSP-3, Page 1 (1/2011)	

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833775 Date: 11/05/2015 RELEASE IN PART B₆ U.S. Department of State Date (mm-dd-yyyy) REQUEST FOR BUILDING PASS IDENTIFICATION CARD **APPLICANT SECTION (1-20)** plicant Name (Last, First, Middle, Suffix) REVIEW Abedin Huma M AUTHORITY: Social Security Number 3. Date of Birth (mm-dd-yyyy) Barbara Nielsen. **B6** Senior Reviewer 4. Citizenship (If Other, Specify) Dual Citizenship (Specify Country) 6. Gender X U.S. Other Male X Female 7. Applicant Home Address (Street) 8. Apt. Number 9. City 10. State 11. ZIP Code **B6** 12. Applicant E-Mail Address **LDO** 13. Employer Name 14. Employer Phone Number 15. Employer Fax Number U.S. Department of State 16. Employer Address (Street) 17. Suite Number 18. City 19. State 20. ZIP Code 2201 C Street NW Washington DC 20520 SPONSOR SECTION (21-34) 21. State Department Sponsor (Printed Name) 22. Sponsor Office Phone Number Cynthia J. Motley 202-647-6040 23. Sponsor Type 24. Sponsor Office Symbol DIR CO COR (Specify) S/ES-EX 25. Type of Building Pass Requested 26. Escort Authority (Clearance or Public Trust Required) DOS USG Employee - DOS Org. Code (Including PSC) Contractor (Complete Items 27, 28, 29) Foreign Domestic Other USG Employee (Specify Agency) (Specify) 7. Contract Number 28. Contract Dates (mm-dd-yyyy) 29. Classified Contract To Yes 0. Hours of Access 31. Type of Access Normal Business Hours (7:00 AM to 6:30 PM/Monday-Friday) Building Access Only Special Business Hours (5:30 AM to 6:30 PM/Monday-Friday) X Building and Computer Access X 24 Hr. /7 Day . Sponsor Signature 34. Sponsor DOS Building Pass Number **B6** Date Signed (mm-dd-yyyy) *IVACY ACT STATEMENT* hority: 22 USC 2658; Executive Order 9397; Executive Order 10450; Executive Order 12958, as amended; and section 506(a) of the Federal Records Act of

i0, as amended. (See instruction page for Purpose and Routine Uses)

1838 2008

Page 1 of 2

REQUEST FOR BUILDING PASS IDENTIFICATION CARD (Continued)

DS/SSD/DS	IS USE ONLY			
A. SmartCard Badge Number Issued	B. Wiegand Badge Number Issued			
PIN Issued				
C. SmartCard Badge Number Returned	D. Wiegand Badge Number Returned			
E. Issuance Style - SmartCard	F. Issuance Style Wiegand			
New Lost Damaged Upgrade/Update	New Lost Damaged Upgrade/Update			
Renewal Stolen Info Change Other	Renewal Stolen Info Change Other			
G. Badge Type - SmartCard	H. Badge Type - Wiegand			
I. Current Clearance Level J. Date Granted (imm-dd-yyyy) K. Granting Agency			
L. DSIS Operator M. Operator Initials	N. DSIS Supervisor O. Supervisor Initials			
SPECIAL ACCESS	CLEARANCE CODES			
Add Bluestripe Remove Bluestripe SSO U	SE ONLY Briefed De-Briefed			
A. SCI Clearance Verified as: B. Date Verified (mm-dd-yyyy) C. Verified By (Printed Name and Signature)			
Full-5 Proximity-4 None				
Full-5 Proximity-4 None				
Add Orangestripe Remove Orangestripe INR U	SE ONLY			
	ed (mm-dd-yyyy) C. Authorized By (Printed Name and Signature)			
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tes/Comments				

Page 2 of 2

-1838

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833775 Date: 11/05/2015

Sent: Thursday February 14 2013 7:18 AM To: DS_DO_ACS Cc: DS PSS FILE ROOM; DS_SSO; Motley, Cynthia J; Gillmore, Shirley J Subject: RE: SCI Debrief - ABEDIN RELEASE IN PART B7(C),B6 If you have any further problems or issues, please contact ID Customer Service at IDServicesCSC@State.gov or 202-647-1775. REVIEW AUTHORITY: Barba Nielsen, Senior Reviewer Thanks, DS/DO/DFP U.S. DEPARTMENT OF STATE ALUTIO INTERNATIONAL SOLUTIONS OFFICE: From: Wallen, Henry C Sent: Thursday, February 14, 2013 6:35 AM To:DS_DO_ACS					B6 B7(C)
Your request to remove access has been completed. If you have any further problems or issues, please contact ID Customer Service at IDServicesCSC@State.gov or 202-647-1775. REVIEW AUTHORITY: Barba Nielsen, Senior Reviewer Thanks, DS/DO/DFP U.S. DEPARTMENT OF STATE ALUTING INTERNATIONAL SOLUTIONS OFFICE: 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, Huma 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 Castie data base. For DS/DO: Please annotate C-Cure and MDI, to reflect deletion of all access, Ms. ABEDIN no onger has a valid requirement to access DoS facilities on a daily basis, she was advised to returned	ent:	Thursday February 14 2013 7:18 AM	S DO ACS	Shirley J	B6 B7(C)
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DEPARTMENT OF STATE ALUTIIQ INTERNATIONAL SOLUTIONS DEFFICE: Sent: Thursday, February 14, 2013 6:35 AM TO: DS DO ACS DC: DS PSS FILE ROOM; DS _SSO; Motley, Cynthia J; Gillmore, Shirley J; Dubject: 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, Huma 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/SSO: 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	hanks,				B6 B7(C)
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U.S. Department of State

RELEASE IN PART B7(C),B6

SEPARATION STATEMENT

1	ABEDIN, Huma M.		make the following statement in conner	tion with my
well as any per	(Please Type or Print) n employment in the U.S. Department of State. As use idds of temporary, part-time or intermittent employment ays, retirement from active duty, transfer to another age	t therein, and the term	ployment" includes all periods of assignment "separation" includes suspension for any per	or detail, as
I had in my administrati	ndered to responsible officials all classified or administ possession. I am not retaining in my possession, custo vely controlled information furnished to me during the c memorandums of conversation, or other documents of	ody, or control, docume curse of such employe	ents or material containing classified or nent or developed as a consequence thereof,	including
2. I have surre me while in	indered to responsible officials all unclassified document the employ of the Department.	nts, and papers relating	g to the official business of the Government a	cquired by
Information	ublish, nor reveal to any person, any classified or admit transmitted to me in confidence in the course of my offi to grant permission for such disclosure.	nistratively controlled in idal duties, unless auth	nformation of which I have knowledge, or any cortzed by officials of the employing Department	other ent
	advised by the interviewing officer whose name appeal information and the use thereof;	urs below, and understa	and the criminal penalties relating to U.S. Go	vernment
	Title 18, U.S. Code		Title 50, U.S. Code	REVIEW
Section	1 641 - Public Money, Property or Records 793 - Gathering, Transmitting or Losing Defense Information 794 - Gathering or Delivering Defense Information		Communication of Classified Information by Government Officer or Employee Penalties for Violation	AUTHORITY: Barbara Nielsen,
	to Aid Foreign Govt. 798 - Disclosure of Classified Information		Title 42, U.S. Code	Senior Reviewer
	952 - Diplomatic Codes and Correspondence 1905 - Disclosure of Confidential Information 2071 - Concealment, Removal, or Mutilation of Records	2273 - 2274 - 2275 - 1	Violation of Specific Sections Violation of General Sections Communication of Restricted Data Receipt of Restricted Data Tempering With Restricted Data Disclosure of Restricted Data	
Executive Order Code, as amer Title 5, United or safety threat Government as 798 and 952 or	ons are consistent with and do not supersede, conflict were 12958; Section 7211 of Title 5, United States Code (goted by the Milliary Whistleblower Protection Act (gover States Code, as amended by the Whistleblower Protection); the Intelligence Identities Protection Act of 1982 (50 jenis); and the statutes which protect against disclosure Title 18, United States Code, and Section 4(b) of the Subligations, rights, sanctions and liabilities created by saling.	governing disclosures to ming disclosure to Con- tion Act (governing dis- t U.S.C. 421 et seq.) (g e that may compromise subversive Activities Ac-	to Congress); Section 1034 of Title 10, United ogress by members of the military); Section 2 closures of illegality, waste, fraud, abuse or overning disclosures that could expose confi- to the national security, including Sections 641 at of 1950 (50 U.S.C. Section 783(b)). The de-	States 302(b)(8) of white health dential 1, 793, 794, affinitions.
information classified in	at the provisions of the espionage laws, other federal or have been made avallable to me; that I have returned a formation to any unauthorized person or organization; t ized person to solicit classified information, and that I	all classified information hat Lwill promptly reco	n in my custody; that I will not communicate out to the Federal Bureau of Investigation any	or transmit
Code, provi	advised by the interviewing officer whose signature ap des criminal penalties for knowingly and wilkully faisifyir or agency of the United States Government concerning	ng or concealing mater	ial fact in a statement or document submitted	to any
		d	In	B6 B7(C)
	Signature of Interviewing Officer	- Usi	gnature in Presence of Interviewing Officer	
	m 12 - 113			B
	01-13-7 613	-	Date of Birth (mm-dd-yyyy)	
			52-13-2013	B6
	Typed Name of Interviewing Officer	_	Date Signed (mm-dd-yyyy)	B7(C)
	Department of State		ABEDIN, Huma M.	
	Post/Department	-	Typed Name of Employee	
	*	Other I	Names Used During This Period of Employme	ent

OF-109 06-2005 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 Ti 1034 of Title 10, United States code, as amended by the Militan members of the military); Section 2302(b) (8) of Title 5, United States code, as amended by the Militan members of the military); Section 2302(b) (8) of Title 5, United States of the Militan members of the military); Section 2302(b) (8) of Title 5, United States (50 U.S.C. 421 et seq.) (governing disclosures that expand a security, it is considered that may compromise the national security, it is considered that the section 4(b) of the Subversive Activities Activities Activities, rights, sanctions and liabilities created by said Extend are controlling.	ary Whistleblower Protectited States Code, as a flic health or safety threa lose confidential Govern including Sections 641, 7 at of 1950 (50 U.S.C. Secutive Order and listed	ction Act (gove umended by the its); the Intellig iment agents), 793, 794, 798, action 783(b)). I statutes are i	disclosures to Courning disclosure to Whistleblower tence Identities F., and the statute 952 and 1924 of The definitions incorporated into	to Congress to r Protection Act of es which protect f Title 18, Unite s, requirements of this Agreement	on Dy ct of ct ed s,
11. I have read this Agreement carefully and my questions, if made available to me the Executive Order and statutes referent 2003.20) so that I may read them at this time, if I so choose.	any, have been answere ced in this agreement ar	ed. I acknowle nd its implemen	adge that the bri nting regulation (efing officer ha 32 CFR Section	is n
SIGNATURE	2/13/2013	SOCIAL SECUR (See Notice belo	w)		– В6
ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTIEE OR AGENT, PROV	/IDE: NAME, ADDRESS, AND	IF APPLICABLE, I	EDERAL SUPPLY C	ODE NUMBER)	-
Department of State AGE(S)	RELEASE IN PAR B7(C),B6	Т	REVIEW AU Nielsen, Ser		THE STATE OF THE PARTY OF THE P
WITNESS	T	ACCEPTA	ANCE		-
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.	THE UNDERSIGNED BEHALF OF THE UNI	ACCEPTED T	HIS AGREEMEN	NT ON	- 2:
SIGNATURE DATE (mm-dd-yyyy)	SIGNATURE	120	D	ATE (mm-dd-yyyy)	_
NAME AND ADDRESS (Type or print)	NAME AND ADDRESS (Type				-
SECURITY DEBRIEF		Service Colleges on the Colleges of the Colleg			
I reaffirm that the provisions of the espionage laws, other federal christomation have been made available to me; that I have returned all classified information to any unauthorized person or organization; that I unauthorized person to solicit classified information, and that I (have) (have SIGNATIARI OF EMPLOYEE	classified information in m	ly custody; that	we not commun	deate or transmit	
Dinell			DA	2/3/20	13
NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS				
					B6 B7(C)
NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies disclosure is mandatory or voluntary, by what authority such information advised that authority for soliciting your Social Security Number (SSN) is a necessary to 1) certify that you have access to the information indicatementals. Although disclosure of your SSN is not mandatory, your faiture possibily result in the denial of your being granted access to classified in	n is scitcted, and what use: Executive Order 9397. You ated above or 2) determine tire to do so may impede the information.	s will be made our SSN will be us other your accessing of s	of the information. sed to Identify you a se to the information such certifications of	You are hereby precisely when it	
"NOT APPLICABLE TO NON-GOVERNME	NT PERSONNEL SIGNING	THIS AGREEN	ENT.		60

STANDARD FORM 312 BACK (Rev. 1-00)

Admin Debrier DS/SSO 27 February 20	Value	
CMS - Security File	RELEASE IN PART B7(C),B6	===
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B7(C)

PR Submission First It 76 Maril

Last Day

Per HR memo - EOD date effective 05/26/09

PAGE(S) MISSING

FORM 4414 (Rev. 12-2013)

RELEASE IN PART B7(C),B6

Apply appropriate classification level and any control markings (if applicable) when filled in.

REVIEW AUTHORITY: Barbara Nielsen,

conditions and obligations not related to SCI as may now or hereafter pertain to my employment by or assignment or relatio Senior Reviewer the Department or Agency.

- 11. (U) 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 783(b) of Title 50, United States Code, and Executive Order 13528, as amended, so that I may read them at this time, If I so choose.
- 12. (U) I hereby assign to the United States Government all rights, title and interest, and all royalties, remunerations, and empluments that have resulted, will result, or may result from any disclosure, publication, or revelation not consistent with the terms of this
- 13. (U) These provisions are consistent with and do not supersede, conflict with, or otherwise after the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an inspector General of a violation of any law, rule, or regulation, or mismanegement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistiablower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling.
- 14. (U) These restrictions are consistent with and do not supersede conflict with or otherwise after the employee obligations rights or liabilities created by Executive Order13526; or any successor thereto, 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 Whisteblower Protection Act (governing disclosure of lilegality, waste, freud, abuse 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), sections 7(c) and 8H of the Inspector General Act of 1978 (5 U.S.C. App.) (relating to disclosures to an Inspector general, the inspectors general of the Intelligence Community; and Congress); section 103H(g)(3) of the National Security Act of 1947 (50 U.S.C. 403-3h(g)(3) (relating to disclosures to the inspector general of the intelligence Community; and Congress); section 17(d)(5) and 17(d)(5) and 17(e)(3) of the Congress); sections 17(d)(5) and 17(e)(3) of the Congress); and the statutes which protect agent disclosures to the Inspector General of the Control Intelligence Agency and Congress); and the statutes which protect agent disclosure which may compromise the national security, including Section 641, 233, 274, 278 and 652 of Title 18. United States Code, and Section 4(b) of the Subversive Activities Control Act of 1950 (50 U.S.C. 783, 794, 768, and 852 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Control Act of 1860 (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.
- (U) This Agreement shall be interpreted under and in conformance with the law of the United States.
- 16. (U) I make this Agreement without any mental reservation or purpose of evasion.

-			gnature .		Date
*	SECUR	ITY BRIEFING / DEB	RIEFING ACKNOWLE	GMENT	
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			ograms by Initials Only)		-
			hery LD	<u>D.S</u>	(5)
SSN (See	Notice Below)	Printed or T	yped Name	Otga	nization
RIEF	Data		DEBRIEF	Date	
hereby acknowledg CI Special Access?	o that I was briefed on the rogram(s);	above	the terms of this	ded of my continuing Agreement, I hereby love SCI Special Acce	obligation to comply with acknowledge that I was use Program(s):
Sk	natura of Individual Bright	-	- 3	Signature of Individual	Briefed
with their flag helpfle	o cresented by me on the	above date was in accor	dance with relevant SCI pro	cedures.	

Page 2 of 2

B6 B7(C)

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UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833782 Date: 11/05/2015