



United States Department of State

Washington, D.C. 20520

November 5, 2015

Case No. F-2015-05069

Segments: HR-0001, S/ES-0001

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

Dear Mr. Horner:

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

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

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

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

We will keep you informed as your case progresses. If you have any questions about this production, your attorney may contact James Todd, Senior Trial Attorney, at (202) 514-3378 or James.Todd@usdoj.gov. Please refer to the case

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

Sincerely,

Suzal C. Weidman For

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

Enclosures: As stated

The Freedom of Information Act (5 USC 552)

FOIA Exemptions

- (b)(1) Information specifically authorized by an executive order to be kept secret in the interest of national defense or foreign policy. Executive Order 13526 includes the following classification categories:
- 1.4(a) Military plans, systems, or operations
 - 1.4(b) Foreign government information
 - 1.4(c) Intelligence activities, sources or methods, or cryptology
 - 1.4(d) Foreign relations or foreign activities of the US, including confidential sources
 - 1.4(e) Scientific, technological, or economic matters relating to national security, including defense against transnational terrorism
 - 1.4(f) U.S. Government programs for safeguarding nuclear materials or facilities
 - 1.4(g) Vulnerabilities or capabilities of systems, installations, infrastructures, projects, plans, or protection services relating to US national security, including defense against transnational terrorism
 - 1.4(h) Weapons of mass destruction
- (b)(2) Related solely to the internal personnel rules and practices of an agency
- (b)(3) Specifically exempted from disclosure by statute (other than 5 USC 552), for example:
- | | |
|----------------|---|
| ARMSEXP | Arms Export Control Act, 50a USC 2411(c) |
| CIA PERS/ORG | Central Intelligence Agency Act of 1949, 50 USC 403(g) |
| EXPORT CONTROL | Export Administration Act of 1979, 50 USC App. Sec. 2411(c) |
| FS ACT | Foreign Service Act of 1980, 22 USC 4004 |
| INA | Immigration and Nationality Act, 8 USC 1202(f), Sec. 222(f) |
| IRAN | 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

**RELEASE IN PART
B6**

Standard Form 50
Rev 7/91
U.S. Office of Personnel Management
Guide to Processing Personnel Actions, Chapter 4

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) CLINTON, HILLARY RODHAM				2. Social Security Number		3. Date of Birth		4. Effective Date 02-01-2013						
FIRST ACTION					SECOND ACTION									
5-A Code 312		5-B Nature of Action RESIGNATION-ILIA			6-A Code		6-B Nature of Action							
5-C Code RPM		5-D Legal Authority Reg 715.202. Resignation			6-C Code		6-D Legal Authority							
5-E Code		5-F Legal Authority			6-E Code		6-F Legal Authority							
7 FROM: Position Title and Number SECRETARY OF STATE					PD:E00744 Position: E0074400									
15 TO Position Title and Number														
8. Pay Plan EX		9. Occ. Code 00130	10. Grade/Level 01	11. Step/Rate 00	12. Total Salary \$196,700.00		13. Pay Basis PA		16. Pay Plan	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay \$196,700.00		12B. Locality Adj \$0.00	12C. Adj. Basic Pay \$196,700.00		12D. Other Pay \$0.00		20A. Basic Pay		20B. Locality Adj	20C. Adj. Basic Pay		20D. Other Pay		
14. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OFFICE OF THE SECRETARY					22. Name and Location of Position's Organization REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer									
EMPLOYEE DATA														
23. Veterans Preference 1 - None 2 - 5 Point 3 - 10 Point/Disability 4 - 10 Point/Compensable 5 - 10 Point/Other 6 - 10 Point/Compensable/30%				24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite			25. DoS Tenure 17		26. Veterans Preference for RIF YES <input type="checkbox"/> X <input checked="" type="checkbox"/> NO					
27. FEGLI				28. Annuitant Indicator 9 - Not Applicable			29. Pay Rate Determinant 0							
30. Retirement Plan				31. Service Comp. Date (Leave) 05-11-2000		32. Work Schedule F Full Time		33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA														
34. Position Occupied 2 - Competitive Service 3 - SES General 4 - SES Career Reserved			35. FLSA Category E - Exempt N - Nonexempt			36. Appropriation Code 0113.0-1097 1111 0000			37. Bargaining Unit Status 8888					
38. Duty Station Code 110010001				39. Duty Station (City-County-State or Overseas Location) WASHINGTON, DIST OF COLUMBIA										
40. DOG 21-JAN-2009		41. WGI Due N/A		42. Prm Skill 0010		43. HR Processor SESCPC		44. EEMPLID						
45. Remarks - 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). - SF-8 PROVIDED TO EMPLOYEE. - NOT ENTITLED TO SEVERANCE PAY. - REASON FOR RESIGNATION: CHANGE IN AGENCY LEADERSHIP. - FORWARDING ADDRESS:														
46. Employing Department or Agency DEPARTMENT OF STATE					50. Signature/Authentication and Title of Approving Official Electronically signed by: LINDA THOMAS-GREENFIELD DIR GEN OF FS /DIR OF HR									
47. Agency Code ST00		48. Personnel Office ID 2951		49. Approval Date 02-01-2013										

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

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

Standard Form 50

NOTIFICATION OF PERSONNEL ACTION

**RELEASE IN PART
B6**

Rev: 7/91
U.S. Office of Personnel Management
Guide to Processing Personnel Actions, Chapter 4

1 Name (Last, First, Middle) ABEDIN,HUMA M				2 Social Security Number []		3 Date of Birth []		4 Effective Date 02-01-2013			
FIRST ACTION					SECOND ACTION						
5-A Code 312		5-B Nature of Action RESIGNATION-ILIA			6-A Code		6-B Nature of Action				
5-C Code RPM		5-D Legal Authority Reg 715.202. Resignation			6-C Code		6-D Legal Authority				
5-E Code		5-F Legal Authority			6-E Code		6-F Legal Authority				
7 FROM Position Title and Number SENIOR ADVISOR					15 TO Position Title and Number PD:E10562 Position: E1056200						
8 Pay Plan ED	9 Occ Code 00130	10 Grade/Level 15	11 Step/Rate 10	12 Total Salary \$496.47	13 Pay Basis PD	16 Pay Plan	17 Occ Code	18 Grade/Level	19 Step/Rate	20 Total Salary/Award	21 Pay Basis
12A Basic Pay \$496.47		12B Locality Adj \$0.00	12C Adj Basic Pay \$496.47		12D Other Pay \$0.00	20A Basic Pay		20B Locality Adj	20C Adj Basic Pay		20D Other Pay
14 Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OFFICE OF THE SECRETARY					22 Name and Location of Position's Organization 010101		<div style="border: 1px solid black; padding: 5px; text-align: center;"> REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer </div>				
EMPLOYEE DATA											
23 Veterans Preference			24 Tenure		25 DoS Tenure		26 Veterans Preference for RIF				
1 - None 2 - 5 Point 3 - 10 Point/Disability 4 - 10 Point/Compensable 5 - 10 Point/Other 6 - 10 Point/Compensable/30%			3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		12		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
27 FEGLI					28 Annuant Indicator		29 Pay Rate Determinant				
[]					9 9 - Not Applicable		0				
30 Retirement Plan			31 Service Comp Date (Leave)		32 Work Schedule		33 Part-Time Hours Per Biweekly Pay Period				
[]			03-02-2001		1 Intermittent		[]				
POSITION DATA					35 FLSA Category		36 Appropriation Code		37 Bargaining Unit Status		
34 Position Occupied			E E - Exempt N - Nonexempt		0113.0-1001 1123 0000		8888				
38 Duty Station Code			39 Duty Station (City-County-State or Overseas Location)								
110010001			WASHINGTON, DIST OF COLUMBIA								
40 DOG		41 WGI Due		42 Prm Skill		43 HR Processor		44			
03-JUN-2012		N/A		[]		SSEX/CJM		EMPLID []			
45 Remarks											
- 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. - SF-8 PROVIDED TO EMPLOYEE. - NOT ENTITLED TO SEVERANCE PAY. - LUMP-SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE. - REASON FOR RESIGNATION: Resignation due to change in agency leadership. Resignation in lieu of involuntary separation. There is no misconduct in this case - FORWARDING ADDRESS: []											
46 Employing Department or Agency DEPARTMENT OF STATE					50 Signature/Authentication and Title of Approving Official Electronically signed by: LINDA THOMAS-GREENFIELD DIR GEN OF FS /DIR OF HR						
47 Agency Code ST00		48 Personnel Office ID 2951		49 Approval Date 02-15-2013							

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Standard Form 50
 Rev 7/91
 U.S. Office of Personnel Management
 Guide to Processing Personnel Actions, Chapter 4

NOTIFICATION OF PERSONNEL ACTION

**RELEASE IN PART
 B6**

1. Name (Last, First, Middle) MILLS, CHERYL D				2. Social Security Number		3. Date of Birth		4. Effective Date 02-03-2014		
FIRST ACTION					SECOND ACTION					
5-A Code 355		5-B Nature of Action TERMINATION-EXP OF APPT			6-A Code		6-B Nature of Action			
5-C Code		5-D Legal Authority			6-C Code		6-D Legal Authority			
5-E Code		5-F Legal Authority			6-E Code		6-F Legal Authority			
7. FROM: Position Title and Number FOREIGN AFFAIRS OFFICER (EXPERT) PD:E10442 Position: E1044200					15. TO Position Title and Number					
8. Pay Plan ED		9. Occ. Code 00130	10. Grade/Level 00	11. Step/Rate 00	12. Total Salary \$0.00		13. Pay Basis WC		16. Pay Plan	
12A. Basic Pay \$0.00		12B. Locality Adj \$0.00	12C. Adj. Basic Pay \$0.00		12D. Other Pay \$0.00		20A. Basic Pay		20B. Locality Adj	20C. Adj. Basic Pay
14. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OFFICE OF THE SECRETARY					22. Name and Location of Position's Organization					
REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer										
EMPLOYEE DATA										
23. Veterans Preference 1 - None 2 - 5 Point 3 - 10 Point/Disability 4 - 10 Point/Compensable 5 - 10 Point/Other 6 - 10 Point/Compensable/30%				24. Tenure 0 1 - Permanent 2 - Conditional 3 - Indefinite		25. DoS Tenure 13		26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
27. FEGLI				28. Annuitant Indicator 9 - Not Applicable		29. Pay Rate Determinant 0				
30. Retirement Plan			31. Service Comp. Date (Leave) 09-03-2002		32. Work Schedule 1 Intermittent		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA										
34. Position Occupied 2			35. FLSA Category E - Exempt N - Nonexempt		36. Appropriation Code 0113.0-1001 1123 0000			37. Bargaining Unit Status 8888		
38. Duty Station Code 110010001			39. Duty Station (City-County-State or Overseas Location) WASHINGTON, DIST OF COLUMBIA							
40. DOG 04-FEB-2013		41. WGI Due N/A	42. Prm Skill	43. HR Processor SSEXCM		44. EMPLID				
45. Remarks - REASON: EXPIRATION OF APPOINTMENT - FORWARDING ADDRESS: - INTERMITTENT EMPLOYMENT TOTALED 0 HOURS IN WORK STATUS FROM 02/04/2013 TO 02/03/14.										
46. Employing Department or Agency DEPARTMENT OF STATE					50. Signature/Authentication and Title of Approving Official Electronically signed by: HANS KLEMM ACTING					
47. Agency Code ST00		48. Personnel Office ID 2951		49. Approval Date 02-24-2014						

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

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

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 employed by a Federal agency.

FEDERAL AGENCY will insert in the box:

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

3 Digit Identification FEDERAL AGENCY	
Department of State	CODE NO. 405
2401 E Street NW, Suite H-804 Chief, HR/EX/RM	
Washington, DC 20522	

To be completed by the Federal Agency:

Contact Name/Office

HR/EX/RM

Telephone No. (include area code)

202-663-1880

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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

STANDARD FORM 8 (Rev. 6-87)
Prescribed by Dept. of Labor
20 CFR 605

NSN 7540-00-834-3984

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 Did you receive a copy of your performance evaluation? SF-52 DS-8	Initial	Date
<input checked="" type="checkbox"/> Terminate Special Differential Separation Statement (OF-109) Passes: Building Pass/Ops Center SF-2810 (Health Insurance-Change Plan when going overseas)		
<input checked="" type="checkbox"/> SF-2821 (Life Insurance) TSP Package	JAR/MS	02-01-13
SF-2818 (Post Retirement Coverage)		
<input checked="" type="checkbox"/> SF-2819 (Application for Refund of Retirement Deduction-CSRS) SF-2802 OR OPM-3106 (Refund of Retirement Contributions) OF-126 (Residence and Dependency Report)	JAR/MS	02-01-13
<input checked="" type="checkbox"/> SF-278 (Financial Disclosure Report and Termination Certification Statement)	JAR/MS	02-01-13
<input checked="" type="checkbox"/> Timekeeper Notified		
<input checked="" type="checkbox"/> SF-8 (Unemployment Comp.)	JAR/MS	N/A
<input checked="" type="checkbox"/> Training (Cancel)		
<input checked="" type="checkbox"/> DS-1971 (Termination Certification Statement)	JAR/MS	02-01-13

S7312 - Classified Information Non Disclosure Agreement JAR/MS

- Not delivried
Briefed 01/22/09

S750 - Resignation / Notification of Personnel Action
02/01/13 JAR/MS

JAR / Threse B Leaskung
MS / MARY J. Alderete

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

REMINDER: IF TRANSFERRING OVERSEAS, HAVE YOU...

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

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,

A handwritten signature in black ink, appearing to read "Cheryl D. Mills", with a long horizontal line extending to the right.

Cheryl D. Mills

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: Laszczych, Joanne
Subject: 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, Cynthia 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 employed by a Federal agency.

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

3 Digit Identification FEDERAL AGENCY	
Department of State	CODE NO. 405
2401 E Street NW, Suite H-804 Chief, HR/EX/RM	
Washington, DC 20522	

To be completed by the Federal Agency:

Contact Name/Office

HR/EX/RM

Telephone No. (include area code)

202-663-1880

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

NSN 7540-00-634-3984

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

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

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2nd line - Major Component (if any)
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3 Digit Identification FEDERAL AGENCY	CODE NO. 405
Department of State	
2401 E Street NW, Suite H-804 Chief, HR/EX/RM	
Washington, DC 20522	

To be completed by the Federal Agency:

Contact Name/Office

HR / EX / RM

Telephone No. (include area code)

202-663-1880

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

NSN 7540-00-634-3964

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

Motley, Cynthia J

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

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. Motley, Administrative Officer
S/ES-EX Room 7515 HST BLDG
Office Phone: 202-647-6638
Fax: 202-647-6040

S-InfoNet Human Resources

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

REVIEW AUTHORITY: Barbara Nielsen,
Senior Reviewer

In accordance with the policies and procedures outlined in Executive Order 12958, this e-mail is UNCLASSIFIED unless otherwise noted.



**OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE**

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, Senior Reviewer

EMPLOYEE INFORMATION	
Name <u>Hilary</u>	Current Office _____
Last day in office <u>✓</u>	Gaining Bureau or Post _____
Forwarding Address _____	
Personal E-mail _____	Phone Number _____

BUDGET AND TRAVEL OFFICE Rm. 7507 (Ext. 7-5946)	Initial	Date
Citibank Bank Travel Card (transfer to new bureau)	_____	_____
Diplomatic Passport Returned or Cancelled	_____	_____
Outstanding Travel Vouchers/Advances	_____	_____

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

All Employees Rm. 7512 (Ext. 7-3574)	Initial	Date
Contact Clarence Finney, S/ES-CR for out processing	_____	_____
DS-1904 – Authorization for Removal of Personal Papers and Non-Record Materials (Contact Clarence Finney x7-3574)	_____	_____
Attended S/ES Record keeping and Electronic records removal departure brief	_____	_____
Debriefed on record retention responsibilities with bureau record officer	_____	_____
Executive Office (S/ES-EX)	_____	_____

GENERAL SERVICES OFFICE Rm. 7519 (Ext. 7-6883)	Initial	Date
Return Parking Permit	_____	_____

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

B6
B7(C)



OFFICE OF THE SECRETARY HUMAN RESOURCES OFFICE

DESIGNATORY TO HANDLE YOUR BILLS AFTER DEPARTURE

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

Signature of Employee

Signature of Designee

HUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638) Complete & deliver evaluations on supervised employees' Did you receive a copy of your performance evaluation? SF-52 DS-8	Initial	Date
Terminate Special Differential	N/A	
✓ Separation Statement (OF-109)	N/A	
Passes: Building Pass/Op Center	N/A	
SF-2810 (Health Insurance Change Plan when going overseas)	N/A	
✓ SF-2821 (Life Insurance)	N/A	
✓ TSP Package	N/A	
SF-2818 (Post Retirement Coverage)	N/A	
SF-2819 (Application for Refund of Retirement Deduction-CSRS)	N/A	
SE-2802 OR OPM-3106 (Refund of Retirement Contributions)	N/A	
OF-120 (Residence and Dependency Report)	N/A	
✓ SF-278 (Financial Disclosure Report and Termination Certification Statement)	N/A	6/14/15
✓ Timekeeper Notified	N/A	6/4/15
✓ SF-8 (Unemployment Comp.)	N/A	6/4/15
Training (Cancel)	N/A	
✓ DS-1971 (Termination Certification Statement)	N/A	6/4/15

Online ✓

9

Include SF-50

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

REMINDER: IF TRANSFERRING OVERSEAS, HAVE YOU...

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

Team Eoaf

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

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

3. **Revolving Door Ban: Lobbyists Entering Government.** If I was a registered lobbyist within the 2 years before the date of my appointment, in addition to abiding by the limitations of paragraph 2, I will not for a period of 2 years after the date of my appointment:

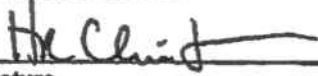
- (a) participate in any particular matter on which I lobbied within the 2 years before the date of my appointment;
- (b) participate in the specific issue area in which that particular matter falls; or
- (c) seek or accept employment with any executive agency that I lobbied within the 2 years before the date of my appointment.

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

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

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

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


Signature

January 21, 2009
Date

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

OK TO FILE



THRIFT SAVINGS PLAN ELECTION FORM

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.

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

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

I. INFORMATION ABOUT YOU

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

2. Street Address City State Zip Code

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

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

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II. START OR CHANGE YOUR CONTRIBUTIONS

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

6. _____ .0% OR 7. \$ _____

B6

III. STOP YOUR CONTRIBUTIONS

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

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

IV. SIGNATURE

9. HR Clinton 10. 01 / 26 / 2009
Participant's Signature Date Signed (mm/dd/yyyy)

V. FOR EMPLOYING OFFICE USE ONLY

11. 19-00-0003 12. 01 / 26 / 2009 13. 02- / 01 / 2009
Payroll Office Number Receipt Date (mm/dd/yyyy) Effective Date (mm/dd/yyyy)

14. [Signature]
Signature of Agency Official

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process this form. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a

statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

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 CATCH-UP CONTRIBUTION ELECTION

RELEASE IN PART
B6

TSP-1-C

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 ABOUT YOU

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

2. _____
Street Address City State Zip Code

3. _____ 4. (202) 647 - 9572
Social Security Number Daytime Phone (Area Code and Number)

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

REVIEW AUTHORITY:
Barbara Nielsen, B6
Senior Reviewer B6

II. START OR CHANGE YOUR CATCH-UP CONTRIBUTIONS

(You must be in pay status. See back of form.)

To start or change your catch-up contributions, complete Items 6, 7, and 8. Use a whole dollar amount. (See additional instructions on the back of the form.)

6. I elect to contribute \$ _____ per pay period. This election will continue until:

- the end of the calendar year; or
- I reach the annual limit for catch-up contributions; or
- I submit a new election to stop or change these contributions.

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

7. HRC Clinton 8. 01 / 26 / 2009
Participant's Signature Date Signed (mm/dd/yyyy)

III. STOP YOUR CATCH-UP CONTRIBUTIONS

To stop your contributions, complete Items 9, 10, and 11.

9. I want to stop making catch-up contributions to my TSP account. I understand that I must make a new election to resume these contributions.

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

IV. FOR EMPLOYING OFFICE USE ONLY

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

15. Cynthia J. Bradley
Signature of Agency Official

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process this form. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a

statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

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

Form TSP-1-C (1/2009)



THRIFT SAVINGS 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 alter this form or the information you enter; if you need to make a correction or change your entries, start over on a new form. If you have a uniformed services TSP account, you will need to make a separate TSP beneficiary designation for that account on Form TSP-U-3.

I. INFORMATION ABOUT YOU

1. Name CLINTON HILLARY RODHAM
Last First Middle

2. [Redacted] 3. [Redacted] 4. (202) 647 - 9572
Social Security Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)

5. Address [Redacted]
Street address or box number

6. [Redacted]
City State/Country Zip Code

REVIEW AUTHORITY:
Barbara Nielsen, Senior Reviewer

B6
B6

B6

II. DESIGNATING YOUR BENEFICIARIES

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

1. [Redacted] [Redacted] [Redacted] Share: [Redacted]
Beneficiary Name (Last) (First) (Middle)

[Redacted]
Street address or box number

[Redacted]
City State/Country Zip Code

[Redacted] [Redacted] [Redacted]
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

2. [Redacted] [Redacted] [Redacted] Share: _____

[Redacted]
Beneficiary Name (Last) (First) (Middle)

[Redacted]
Street address or box number

[Redacted]
City State/Country Zip Code

[Redacted] [Redacted] [Redacted]
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

3. [Redacted] [Redacted] [Redacted] Share: _____

[Redacted]
Beneficiary Name (Last) (First) (Middle)

[Redacted]
Street address or box number

[Redacted]
City State/Country Zip Code

[Redacted] [Redacted] [Redacted]
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

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

III. YOUR SIGNATURE

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

[Signature] 01/26/2009
Participant's Signature Date Signed

IV. WITNESSES TO SIGNATURE

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

Witness 1 Antonia B. Hawkins [Signature]
Typed or Printed Name of First Witness Signature of First Witness

Witness 2 Christiana Bradford [Signature]
Typed or Printed Name of Second Witness Signature of Second Witness

Form TSP-3 (10/2005)
EDITIONS PRIOR TO 8/02 OBSOLETE

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 01 2013

Date (mm-dd-yyyy)

\$200 Late Filing Fee: I certify that I have received the SF-278, Executive Personnel Financial Disclosure Report, with instructions. I 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

FEB 01 2013

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

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

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

B6

RELEASE IN PART
B7(C),B6

REVIEW AUTHORITY:
Barbara Nielsen, Senior
Reviewer

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

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.

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.

(Continue on reverse.)

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

STANDARD FORM 312 (Rev. 1-00)
Prescribed by NARVIS00
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. 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 <i>H. Clinton</i>	DATE (mm-dd-yyyy) 22-01-2009	SOCIAL SECURITY NUMBER (See Notice below)
--------------------------------	---------------------------------	--

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

B6

WITNESS		ACCEPTANCE	
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.		THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.	
SIGNATURE	DATE (mm-dd-yyyy)	SIGNATURE	DATE (mm-dd-yyyy)
	01-22-2009		
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (Type or print)	
Department of State 2201 C Street NW Washington, DC 20520			

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B7(C)

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 disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

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

STANDARD FORM 312 BACK (Rev. 1-00)



Agency Certification of Insurance Status
Federal Employees' Group Life Insurance Program

RELEASE IN PART
B6

To Agency: See reverse for information and instructions

1. Name of employee (Last, first, middle) 2. Date of birth (Month, day, year) 3. Social Security number
 Clinton, Hillary R.

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

4b. Employee's retirement system
 CSRS/FERS CIA Other (Specify)
 TVA FICA
 DCRS*
 FSRs *D.C. Police & Fire/Public School Teachers

4c. OWCP number (if applicable)

5. Disposition of Designations of Beneficiary (SF 34, SF 2823)
 Attached
 None on file with this agency
 On file in employee's Official Personnel Folder

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

7. Did the employee elect living benefits?
 Amount elected (check one and attach EOB)
 No Partial (post-election BIA \$ _____)
 Yes Full

8. Date of event checked in item 4a 9. Date of SF 2819, Notice of Conversion Privilege - Issuance Is Mandatory (Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retiring employees)
 2/1/2013

10. Annual basic pay (not basic insurance amount) on date in item 8 (Convert hourly, daily, piecework, etc., rate to annual rate)
 \$196,700.00

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

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

12b. Amount of Option A

12c. Effective date of election

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

13b. Effective date of election

REVIEW
AUTHORITY:
Barbara Nielsen,
Senior Reviewer

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

14b. Effective date of election

14c. Number of multiples on date in item 8

14d. Lowest number of multiples during last 5 years

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

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

15b. Typed name of certifying official
 Cynthia A. Motley

15c. Title
 Administrative Officer

15d. Date
 FEB 01 2013

15e. Name and address of agency (Including ZIP code)
 U.S. Department of State
 2201 C Street, NW
 HST Building, Room 7507
 Washington, DC 20523

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

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

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

16b. Typed name of certifying official

16c. Title

16d. Date

16e. Telephone number (Including area code)

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

16g. Payroll office number

Remarks (For agency use only)

OPM use only

RELEASE IN PART
B7(C),B6

SENSITIVE COMPARTMENTED INFORMATION NONDISCLOSURE AGREEMENT

An Agreement Between

Hillary Rodham Clinton

and the United States.

(Name - Printed or Typed)

REVIEW
AUTHORITY:
Barbara
Nielsen,
Senior
Reviewer

1. Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to information or material protected within Special Access Programs, hereinafter referred to in the Agreement as Sensitive Compartmented Information (SCI). I have been advised that SCI involves or derives from intelligence sources or methods, and is classified or is in process of a classification determination under the standards of Executive Order 12958 or other Executive Order or statute. I understand and accept that by being granted access to SCI, 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 SCI, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information or material have been approved access to it, and I understand these procedures. I understand that I may be required to sign subsequent agreements upon being granted access to different categories of SCI. I further understand that all 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. I hereby 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 (hereinafter Department or Agency) that authorized my access to SCI. I understand that it is my responsibility to consult with appropriate management authorities in the Department or Agency that 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 understand that I am obligated by law and regulation not to disclose any classified information or material in an unauthorized 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 material, any writing or other preparation in any form, including a work of fiction, that contains or purports to contain any SCI or description of activities that produce or relate to SCI or that I have reason to believe are derived from SCI, that I contemplate disclosing to any person not authorized to have access to SCI or that I have prepared for public disclosure. I understand and agree that 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 SCI. 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 unauthorized disclosure of SCI by me may constitute violations of United States criminal laws, including provisions of Sections 793, 794, 796, 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 or 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 may 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 hereafter pertain to my employment by or assignment or relationship with the Department or Agency.

FORM
7-97

4414

(EF)

(Replaces Form 4355
which is obsolete and
will not be used)FORM
7-97

4414

(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 this 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 Congress); 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)(3) of Title 5, United States Code, as amended by the Whistleblower Protection Act (governing disclosure 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 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, sanctions 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.

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

HR Clinton 22 January 2009
Signature Date

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

WITNESS and ACCEPTANCE:

[Signature] 22 January 2009
Date

B6
B7(C)

SECURITY BRIEFING / DEBRIEFING ACKNOWLEDGMENT					
SI	G	TK	HCS		
(Special Access Programs by Initials Only)					
	Hillary Rodham Clinton			S	
SSN (See Notice Below)	Printed or Typed Name			Organization	
BRIEF DATE: <u>22 January 2009</u> I hereby acknowledge that I was briefed on the above SCI Special Access Program(s): <div style="text-align: center; margin-top: 10px;"><u>HR Clinton</u> <i>Signature of Individual Briefed</i></div>		DEBRIEF DATE: _____ Having been reminded of my continuing obligation to comply with the terms of this Agreement, I hereby acknowledge that I was debriefed on the above SCI Special Access Program(s): <div style="text-align: center; margin-top: 10px;">_____ <i>Signature of Individual Debriefed</i></div>			
I certify that the briefing presented by me on the above data was in accordance with the relevant SCI procedures.					
Signature of Briefing/Debriefing Officer			SSN (See Notice Below)		
Printed or Typed Name			DS/IS/SSO State Organization (Name and Address)		

B6

B6
B7(C)
B6
B7(C)

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 certifications or determinations.

Standard Form 52
 Rev 7/91
 U.S. Office of Personnel Management
 Guide to Processing Personnel Actions, Chapter 4

REQUEST FOR PERSONNEL ACTION

RELEASE IN PART
 B6

PART A - Requesting Office (Also complete Part B, Items 1,7-22,32,33,36 and 39)																	
1. Actions Requested Termination								2. Request Number									
3. For Additional Information Call (Name and Telephone Number)								4. Proposed Effective Date 02-01-2013									
5. Action Requested By (Typed Name, Title, Signature, and Request Date) CARTER,CAROL P HUMAN RESOURCES SPECIALIST						6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date) CARTER,CAROL P HUMAN RESOURCES SPECIALIST											
PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.)																	
1. Name (Last, First, Middle) CLINTON,HILLARY RODHAM				2. Social Security Number		3. Date of Birth		4. Effective Date 02-01-2013									
FIRST ACTION						SECOND ACTION											
5-A. Code 312		5-B. Nature of Action RESIGNATION-ILIA				6-A. Code		6-B. Nature of Action									
5-C. Code RPM		5-D. Legal Authority Reg 715.202. Resignation				6-C. Code		6-D. Legal Authority									
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number SECRETARY OF STATE						15. TO: Position Title and Number											
PD:E00744 Position: E0074400																	
8. Pay Plan EX		9. Occ. Code 00130		10. Grade/Level 01		11. Step/Rate 00		12. Total Salary \$196,700.00		13. Pay Basis PA							
16. Pay Plan		17. Occ. Code		18. Grade/Level		19. Step/Rate		20. Total Salary/Award		21. Pay Basis							
12A. Basic Pay \$196,700.00		12B. Locality Adj. \$0.00		12C. Adj. Basic Pay \$196,700.00		12D. Other Pay \$0.00		20A. Basic Pay		20B. Locality Adj.							
20C. Adj. Basic Pay		20D. Other Pay		14. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OFFICE OF THE SECRETARY		22. Name and Location of Position's Organization											
14. Name and Location of Position's Organization 010101		22. Name and Location of Position's Organization															
EMPLOYEE DATA																	
23. Veterans Preference <input type="checkbox"/> 1-None 2-3 Point <input type="checkbox"/> 3-10 Point/Disability 4-10 Point/Compensable <input type="checkbox"/> 5-10 Point/Other 6-10 Point/Compensable/30%				24. Tenure 0 0-None 1-Permanent 2-Conditional 3-Indefinite				25. DoS Tenure 17		26. Veterans Preference for RIF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
27. FEGLI <input type="checkbox"/>				28. Annuitant Indicator 9 9 - Not Applicable				29. Pay Rate Determinant 0									
30. Retirement Plan <input type="checkbox"/>				31. Service Comp. Date (Leave) 05-11-2000				32. Work Schedule F Full Time		33. Part-Time Hours Per Biweekly Pay Period							
POSITION DATA																	
34. Position Occupied 2 1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved				35. FLSA Category E B-Exempt N-Nonexempt				36. Appropriation Code 0113.0-1097 1111 0000				37. Bargaining Unit Status 8888					
38. Duty Station Code 110010001				39. Duty Station (City-County-State or Overseas Location) WASHINGTON, DIST OF COLUMBIA													
40. DOG 21-JAN-2009		41. WGI Doc N/A		42. Prim Skill 0010		43. HR Processor SESCPC		44.EMPLID <input type="checkbox"/>									
45. Educational Level JD*		46. Yr. Degree Attained 1974		47. Academic Discipline 220101		48. Functional Class 00		49. Citizenship 1 1-USA 8-Other		50. Veterans Status X Non Vet		51. Supervisory Status 2 Supv/Mgr					
PART C - Reviews and Approvals (Not to be used by requesting office.)																	
1. Office/Function			Initials/Signature			Date			1. Office/Function			Initials/Signature			Date		
A.									D.								
B.									E.								
C.									F.								
2. Approval: I certify that the information entered on this form is accurate and the proposed action is in compliance with statutory and regulatory requirements.									Signature			Approval Date					

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93



**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, Senior Reviewer

EMPLOYEE INFORMATION

Name Cheryl Mills Current Office _____
 Last day in office _____ Gaining Bureau or Post _____
 Forwarding Address _____
 Personal E-mail _____ Phone Number _____

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

Initial	Date
_____	_____
_____	_____
_____	_____

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

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

Initial	Date
_____	_____
_____	_____
_____	_____
_____	_____

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

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

Initial	Date
_____	_____
_____	_____
_____	_____
_____	_____

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

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

Initial	Date
_____	_____

Return Parking Permit

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

Initial	Date
_____	_____
_____	_____

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

B6
B7(C)



**OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE**

DESIGNATORY TO HANDLE YOUR BILLS AFTER DEPARTURE

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

Signature of Employee

Signature of Designee

HUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638) Complete & deliver evaluations on supervised employees' Did you receive a copy of your performance evaluation?	Online	Initial	Date
SF-52 SGE	✓		
DS-8		Ⓢ	10/4/15
Terminate Special Differential			
Separation Statement (OF-109)		Ⓢ	10/4/15
Passes: Building Pass/Ops Center			
SF-2810 (Health Insurance-Change Plan when going overseas)			
SF-2821 (Life Insurance)	✓	Ⓢ	10/4/15
TSP Package	✓	Ⓢ	10/4/15
SF-2818 (Post Retirement Coverage)			
SF-2819 (Application for Refund of Retirement Deduction-CSRS)			
SF 2902 OR OPM-3106 (Refund of Retirement Contributions)			
OE-126 (Residence and Dependency Report)			
SF-278 (Financial Disclosure Report and Termination Certification Statement)		Ⓢ	10/4/15
Timekeeper Notified		Ⓢ	10/4/15
SF-8 (Unemployment Comp.)		Ⓢ	10/4/15
Training (Cancel)		Ⓢ	10/4/15
DS-1971 (Termination Certification Statement)	✓	Ⓢ	10/4/15

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

REMINDER: IF TRANSFERRING OVERSEAS, HAVE YOU...

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

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)

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 meets the standards for classification and is in the process of a classification determination as provided in Section 1.1, 1.2, 1.4(e) of Executive Order 12958, or under any other Executive Order or statute that requires protection for such information in the interest of national security. I understand and accept that by being granted access to classified information, special confidence and trust shall be placed in me by the United States Government.
2. I hereby acknowledge that I have received a security indoctrination concerning the nature and protection of classified information, including the procedures to be followed in ascertaining whether other persons to whom I contemplate disclosing this information have been approved for access to it, and that I understand these procedures.
3. I have been advised that the unauthorized disclosure, unauthorized retention, or negligent handling of classified information by me could cause damage or irreparable injury to the United States or could be used to advantage by a foreign nation. I hereby agree that 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.



REVIEW
AUTHORITY:
Barbara
Nielsen,
Senior
Reviewer*(Continue on reverse.)*

10. These restrictions are consistent with and do not supersede, conflict with or otherwise alter the employee obligations, rights or liabilities created by Executive Order 12958, Section 7211 of Title 5, United States code (governing disclosures to Congress); Section 1034 of Title 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) 11-29-09	SOCIAL SECURITY NUMBER (See Notice below)
ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER) (Type or print)		

Department of State
2201 C Street NW
Washington, DC 20520

WITNESS		ACCEPTANCE	
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.		THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.	
SIGNATURE 	DATE (mm-dd-yyyy) 01-29-2009	SIGNATURE 	DATE (mm-dd-yyyy)
NAME AND ADDRESS (Type or print) Department of State 2201 C Street NW Room 1818 Washington, DC 20520		NAME AND ADDRESS (Type or print)	

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 disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

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

STANDARD FORM 312 BACK (Rev. 1-00)

CHERYL MILLS SSN:

B6

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

B6
B7(C)

S. GILLMORE

3/13/2015

12:10 P.M.

RELEASE IN PART B7(C),B6

REVIEW AUTHORITY: Barbara
Nielsen, Senior Reviewer

RELEASE IN PART
B6



Agency Certification of Insurance Status
Federal Employees' Group Life Insurance Program

REVIEW AUTHORITY:
Barbara Nielsen, Senior
Reviewer

To Agency: See reverse for information and instructions

1. Name of employee (Last, first, middle) Mills, Cheryl D. 2. Date of birth (Month, day, year) 3. Social Security number

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

4b. Employee's retirement system
 CSRS/FERS CIA Other (Specify)
 TVA FICA
 DCRS*
 FRSR *D.C. Police & Fire/Public School Teachers

4c. OWCP number (if applicable)

5. Disposition of Designations of Beneficiary (SF 54, SF 2823)
 Attached
 None on file with this agency
 On file in employee's Official Personnel Folder

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

7. Did the employee elect living benefits?
 Amount elected (check one and attach EOB)
 No Yes Partial (post-election BIA \$ _____)
 Full

8. Date of event checked in item 4a 02/01/2013 9. Date of SF 2819, Notice of Conversion Privilege - Insurance Is Mandatory (Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retiring employees)

10. Annual basic pay (not basic insurance amount) on date in item 8 (Convert hourly, daily, piecework, etc., rate to annual rate) \$179,655.00 11. Effective date of continuous coverage under the FEGLI Program (if any break in service, list dates)

12a. Did employee have Option A - Standard Insurance on date in item 8? No Yes 12b. Amount of Option A 12c. Effective date of election 13a. Did employee have Option C - Family Insurance on date in item 8? No Yes 13b. Effective date of election

14a. Did employee have Option B - Additional Insurance on date in item 8? No Yes 14b. Effective date of election 04-26-2009 14c. Number of multiples on date in item 8 2 14d. Lowest number of multiples during last 5 years

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

15a. Signature of certifying official (Facsimile not acceptable) Carol P. Carter 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 15b. Typed name of certifying official Carol P. Carter 15c. Title Human Resources Specialist 15d. Date 01/24/2013 15f. Telephone number (Including area code) 202 647-6090

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

16a. Signature of certifying official (Facsimile not acceptable) 16b. Typed name of certifying official 16c. Title 16d. Date 16e. Telephone number (Including area code) 16f. Name and address of payroll office (if different from that given in item 15e) 16g. Payroll office number

Remarks (For agency use only) OPM use only



Agency Certification of Insurance Status

Federal Employees' Group Life Insurance Program

To Agency: See reverse for information and instructions

1. Name of employee (Last, first, middle) 2. Date of birth (Month, day, year) 3. Social Security number
 Mills, Cheryl D.

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

4b. Employee's retirement system
 CSRS/FERS CIA Other (Specify)
 TVA FICA
 DCRS*
 FSRs *D.C. Police & Fire/Public School Teachers

4c. OWCP number (if applicable)

5. Disposition of Designations of Beneficiary (SF 54, SF 2823)
 Attached
 None on file with this agency
 On file in employee's Official Personnel Folder

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

7. Did the employee elect living benefits?
 Amount elected (check one and attach EOB)
 No Yes Partial (post-election BIA \$ _____)
 Full

8. Date of event checked in item 4a: 02/01/2013
 9. Date of SF 2819, Notice of Conversion Privilege - Issuance Is Mandatory (Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retiring employees)

10. Annual basic pay (not basic insurance amount) on date in item 8 (Convert hourly, daily, piecework, etc., rate to annual rate)
 \$179,655.00

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

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

12b. Amount of Option A

12c. Effective date of election

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

13b. Effective date of election

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

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

14c. Number of multiples on date in item 8

14d. Lowest number of multiples during last 5 years

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

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

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

15c. Title: Human Resources Specialist

15d. Date: 01/24/2013

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

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

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

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

16b. Typed name of certifying official

16c. Title

16d. Date

16e. Telephone number (Including area code)

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

16g. Payroll office number

Remarks (For agency use only)

OPM use only



Agency Certification of Insurance Status

Federal Employees' Group Life Insurance Program

To Agency: See reverse for information and instructions

1. Name of employee (Last, first, middle) 2. Date of birth (Month, day, year) 3. Social Security number
 Mills, Cheryl D.

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

4b. Employee's retirement system
 CSRS/FERS CIA Other (Specify)
 FVA FICA
 DCRS*
 FRSRS *D.C. Police & Fire/Public School Teachers

5. Disposition of Designations of Beneficiary (SF 54, SF 2823)
 Attached
 None on file with this agency
 On file in employee's Official Personnel Folder

4c. OWCP number (if applicable)

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

7. Did the employee elect living benefits?
 Amount elected (check one and attach EOB)
 No Partial (post-election BIA \$ _____)
 Yes Full

8. Date of event checked in item 4a 9. Date of SF 2819, Notice of Conversion Privilege - Issuance Is Mandatory (Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retiring employees)
 02/01/2013

10. Annual basic pay (not basic insurance amount) on date in item 8 (Convert hourly, daily, piecework, etc., rate to annual rate)
 \$179,655.00

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

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

12b. Amount of Option A

12c. Effective date of election

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

13b. Effective date of election

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

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

14c. Number of multiples on date in item 8

14d. Lowest number of multiples during last 5 years

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

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

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

15c. Title
 Human Resources Specialist

15d. Date
 01/24/2013

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

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

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

Alpha code

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

16b. Typed name of certifying official

16c. Title

16d. Date

16e. Telephone number (Including area code)

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

16g. Payroll office number

Remarks (For agency use only)

OPM use only

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RELEASE IN PART
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U.S. Department of State

Date (mm-dd-yyyy)

REQUEST FOR BUILDING PASS IDENTIFICATION CARD

APPLICANT SECTION (1-20)					
1. Applicant Name (Last, First, Middle, Suffix) Mills Cheryl D					
2. Social Security Number			3. Date of Birth (mm-dd-yyyy)		
4. Citizenship (If Other, Specify) <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other			5. Dual Citizenship (Specify Country)		6. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
7. Applicant Home Address (Street)		8. Apt. Number	9. City		10. State
12. Applicant E-Mail Address		11. ZIP Code	REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer		
13. Employer Name U.S. Department of State			14. Employer Phone Number		15. Employer Ext. Number
16. Employer Address (Street) 2201 C Street NW		17. Suite Number	18. City Washington		19. State DC
					20. ZIP Code 20520
SPONSOR SECTION (21-34)					
21. State Department Sponsor (Printed Name) Cynthia J. Motley			22. Sponsor Office Phone Number 202-647-6040		
23. Sponsor Type <input type="checkbox"/> EX <input checked="" type="checkbox"/> HR <input type="checkbox"/> DIR <input type="checkbox"/> CO <input type="checkbox"/> COR <input type="checkbox"/> Other (Specify)				24. Sponsor Office Symbol S/ES-EX	
25. Type of Building Pass Requested <input checked="" type="checkbox"/> DOS USG Employee — DOS Org. Code (Including PSC) <input type="checkbox"/> Contractor (Complete Items 27, 28, 29) <input type="checkbox"/> Press [<input type="checkbox"/> Foreign <input type="checkbox"/> Domestic] <input type="checkbox"/> Other USG Employee (Specify Agency) <input type="checkbox"/> Other (Specify)				26. Escort Authority (Clearance or Public Trust Required) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27. Contract Number		28. Contract Dates (mm-dd-yyyy) To		29. Classified Contract <input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Hours of Access <input type="checkbox"/> Normal Business Hours (7:00 AM to 6:30 PM/Monday-Friday) <input type="checkbox"/> Special Business Hours (5:30 AM to 6:30 PM/Monday-Friday) <input checked="" type="checkbox"/> 24 Hr./7 Day				31. Type of Access <input type="checkbox"/> Building Access Only <input checked="" type="checkbox"/> Building and Computer Access	
32. Sponsor Signature 			34. Sponsor DOS Building Pass Number		
33. Date Signed (mm-dd-yyyy)					

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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)

REQUEST FOR BUILDING PASS IDENTIFICATION CARD
(Continued)

DS/SSD/DSIS USE ONLY			
A. SmartCard Badge Number Issued _____ <input type="checkbox"/> PIN Issued		B. Wiegand Badge Number Issued _____	
C. SmartCard Badge Number Returned _____		D. Wiegand Badge Number Returned _____	
E. Issuance Style - SmartCard <input type="checkbox"/> New <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Upgrade/Update <input type="checkbox"/> Renewal <input type="checkbox"/> Stolen <input type="checkbox"/> Info Change <input type="checkbox"/> Other		F. Issuance Style Wiegand <input type="checkbox"/> New <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Upgrade/Update <input type="checkbox"/> Renewal <input type="checkbox"/> Stolen <input type="checkbox"/> Info Change <input type="checkbox"/> 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			
<input type="checkbox"/> Add Bluestripe <input type="checkbox"/> Remove Bluestripe		SSO USE ONLY	
<input type="checkbox"/> Full-5 <input type="checkbox"/> Proximity-4 <input type="checkbox"/> None		<input type="checkbox"/> Briefed <input type="checkbox"/> De-Briefed	
A. SCI Clearance Verified as:		B. Date Verified (mm-dd-yyyy)	C. Verified By (Printed Name and Signature)
_____		_____	_____
<input type="checkbox"/> Add Orangestripe <input type="checkbox"/> Remove Orangestripe		INR USE ONLY	
A. Office Symbol Requesting Code		B. Date Requested (mm-dd-yyyy)	C. Authorized By (Printed Name and Signature)
_____		_____	_____
OTHER SPECIAL ACCESS CODE			
A. Requesting Office	B. Code	C. Date Requested (mm-dd-yyyy)	C. Authorized By (Printed Name and Signature)
_____	_____	_____	_____
Notes/Comments			



U.S. Department of State

TERMINATION CERTIFICATION STATEMENT

EXECUTIVE PERSONNEL FINANCIAL DISCLOSURE REPORT (SF-278)

RELEASE IN PART
B6

TERMINATION FILING

REVIEW AUTHORITY: Barbara
Nielsen, Senior Reviewer

Date (mm-dd-yyyy) _____

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

Cheryl D. Mills

Full Name (Type or Print)

Signature

Chief of Staff / Counselor, ES-130-00

Title and Grade

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

Current Post _____

Forwarding Address or Post _____

Forwarding Telephone _____

Forwarding Email Address _____

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

Mail to:
U.S. Department of State
L/ETHICS/FD
SA-1, Room H-228
Washington, DC 20522-0102
Phone: 202-663-3770

DS-1971
04-2010

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Acknowledgement of TCC Notice

I, Cheryl D. Mills acknowledge receipt of this notice.

Employee Signature

Date

B7(C),B6

 U.S. Department of State FISCAL CLEARANCE FOR FINAL SALARY PAYMENT		1. To (Agency) DoS	2. Type of Separation <input checked="" type="checkbox"/> Resignation <input type="checkbox"/> Other <input type="checkbox"/> Retirement	3. Retirement System <input type="checkbox"/> CSC <input type="checkbox"/> FS <input type="checkbox"/> FICA	
4. Employees Name (Last, First, MI) Mills Cheryl D		5. Employee Number 	6. Pay Plan and Grade/Level ES-130-00		
7. Maiden Name (If used while employed by the Department)		8. Home or Mailing Address			
This form is to be filled out for every American Foreign Service employee of the Department and every Departmental employee who is to be separated. After making appropriate entries, forward it to the Department (See Item 1 above). Final salary payment will not be made until all items shown below are satisfactorily accounted for and arrangements made to satisfy any indebtedness the employee may have to the U.S. Government.					
9. Outstanding Obligations (To be completed by officials, as appropriate)					
Types of Exceptions or Indebtedness	Entry By (Initials)	Date	Name, Symbol, Period of Accounts Voucher Number	Appropriation, Allotment, Obligation, Number and Object Class	Amount of Indebtedness
U.S. General Accounting Office (GAO) Exceptions and/or Inquiries					
Travel Advances					
Travel and Transportation					
Payroll					
Effects Control					
Loaned Property					
Library Materials, Departmental					
Medical Indebtedness					
Other Indebtedness					
Total Indebtedness					
Less Check(s) or Money Order(s) Submitted by Employee					
Balance to be deducted by the United States Government					
10. Transportation Request Status (To be completed by Employee's Administrative Office)					
Was travel authorized at Government expense for separation? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If the answer is yes, show Travel Authorization Number, Date, and list all outstanding Government Transportation Requests under Item 11, Remarks.					
11. Remarks Resignation due to change in agency leadership.					
12. Date (mm-dd-yyyy) 01-24-2013	13. Typed Name and Signature of Authorized Finance Official, Title and Post or Division Carol P. Carter, Human Resources Specialist				

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REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

DS-8

Cheryl Mills

Item	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) 2/10/13	1-27-2013	
TCC - Temporary Continuation of Health Benefits Coverage (Cobra) - Letter	1-19-2013	
SF-2819 – Notice of Conversion Privilege (FGLI)	1-24-2013	
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)		
SF-3106 – Application for Refund of Retirement Deductions (FERS)(E)		
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 Report (E)	1-24-2013	Print Copy
Letter- Certification Statement for SF-278 Termination 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)	1-24-2013	
DS-8a – Administrative Clearance for Separation (PO)		
Department of State Telephone Locator (PO)		Check with employee
OTHER ITEMS COVERED UPON DEPARTURE – Personnel 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)		

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RELEASE IN PART
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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. **Lobbyist Gift Ban.** I will not accept gifts from registered lobbyists or lobbying organizations for the duration of my service as an appointee.
2. **Revolving Door Ban: All Appointees Entering Government.** I will not for a period of 2 years from the date of my appointment participate in any particular matter involving specific parties that is directly and substantially related to my former employer or former clients, including regulations and contracts.
3. **Revolving Door Ban: Lobbyists Entering Government.** If I was a registered lobbyist within the 2 years before the date of my appointment, in addition to abiding by the limitations of paragraph 2, I will not for a period of 2 years after the date of my appointment:
 - (a) participate in any particular matter on which I lobbied within the 2 years before the date of my appointment;
 - (b) participate in the specific issue area in which that particular matter falls; or
 - (c) seek or accept employment with any executive agency that I lobbied within the 2 years before the date of my appointment.
4. **Revolving Door Ban: Appointees Leaving Government.** If, upon my departure from the Government, I am covered by the post employment restrictions on communicating with employees of my former executive agency set forth in section 207(c) of title 18, United States Code, I agree that I will abide by those restrictions for a period of 2 years following the end of my appointment.
5. **Revolving Door Ban: Appointees Leaving Government to Lobby.** In addition to abiding by the limitations of paragraph 4, I also agree, upon leaving Government service, not to lobby any covered executive branch official or non-career Senior Executive Service appointee for the remainder of the Administration.
6. **Employment Qualification Commitment.** I agree that any hiring or other employment decisions I make will be based on the candidate's qualifications, competence, and experience.
7. **Assent to Enforcement.** I acknowledge that the Executive Order entitled "Ethics Commitments by Executive Branch Personnel," issued by the President on January 21, 2009, which I have read before signing this document, defines certain of the terms applicable to the foregoing obligations and sets forth the methods for enforcing them. I expressly accept the provisions of that Executive Order as a part of this agreement and as binding on me. I understand that the terms of this pledge are in addition to any statutory or other legal restrictions applicable to me by virtue of Federal Government service.


Signature

12 6 2 29 2009 MAY 29 26 MAY 2009
Date

Mills, Cheryl D

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

OK TO FILE



THRIFT SAVINGS PLAN ELECTION FORM

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.

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

REVIEW
AUTHORITY:
Barbara Nielsen,
Senior Reviewer

I. INFORMATION ABOUT YOU

1. MILLS CHERYL D.
Name (Last) (First) (Middle)

2. _____
Street Address City State Zip Code

3. _____
Social Security Number

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

5. S
Office Identification (Agency and Organization)

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II. START OR CHANGE YOUR CONTRIBUTIONS

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

6. _____ .0% OR 7. \$ _____

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III. STOP YOUR CONTRIBUTIONS

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

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

IV. SIGNATURE

9. [Signature]
Participant's Signature

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

V. FOR EMPLOYING OFFICE USE ONLY

11. 19-00-0003 12. 12/18/09 13. 12/20/09
Payroll Office Number Receipt Date (mm/dd/yyyy) Effective Date (mm/dd/yyyy)

14. [Signature]
Signature of Agency Official

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process this form. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a

statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.



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

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

REVIEW
AUTHORITY:
Barbara
Nielsen,
Senior
Reviewer

I. INFORMATION ABOUT YOU

1. Name MILLS, CHEYL D
Last Middle

2. TSP Account Number _____ 3. Date of Birth (mm/dd/yyyy) _____

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

5. Address _____

6. City _____ 7. State/Country _____ 8. Zip Code _____

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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) _____ Share: _____ %

Street address or box number _____

City _____ State/Country _____ Zip Code _____

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

2. Beneficiary Name (Last) _____ (First) _____ (Middle) _____ Share: _____ %

Street address or box number _____

City _____ State/Country _____ Zip Code _____

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

3. Beneficiary Name (Last) _____ (First) _____ (Middle) _____ Share: _____ %

Street address or box number _____

City _____ State/Country _____ Zip Code _____

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

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

III. YOUR SIGNATURE

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

[Signature] 04-26-09
Participant's Signature Date Signed

IV. WITNESSES TO SIGNATURE

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

Witness 1 Lou McLean Lou McLean
Typed or Printed Name of First Witness Signature of First Witness

Witness 2 Nora Toiv [Signature]
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
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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, Senior Reviewer

EMPLOYEE INFORMATION	
Name <u>Huma Abedin</u>	Current Office _____
Last day in office _____	Gaining Bureau or Post _____
Forwarding Address _____	
Personal E-mail _____	Phone Number _____

BUDGET AND TRAVEL OFFICE Rm. 7507 (Ext. 7-5946)	Initial	Date
Citibank Bank Travel Card (transfer to new bureau)	_____	_____
Diplomatic Passport Returned or Cancelled	_____	_____
Outstanding Travel Vouchers/Advances	_____	_____

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

All Employees Rm. 7512 (Ext. 7-3574)	Initial	Date
Contact Clarence Finney; S/ES-CR for out processing	_____	_____
DS-1904 – Authorization for Removal of Personal Papers and Non-Record Materials (Contact Clarence Finney x7-3574)	_____	_____
Attended S/ES Record keeping and Electronic records removal departure brief	_____	_____
Debriefed on record retention responsibilities with bureau record officer	_____	_____
Executive Office (S/ES-EX)	_____	_____

GENERAL SERVICES OFFICE Rm. 7519 (Ext. 7-6883)	Initial	Date
Return Parking Permit	_____	_____

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

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**OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE**

RELEASE IN PART
B7(C), B6

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,
Senior Reviewer

EMPLOYEE INFORMATION

Name Abedin, Huma M Current Office Office of the Secretary

Last day in office Friday February 1, 2013 Gaining Bureau or Post N/A

Forwarding Address _____

Personal E-mail _____ Phone Number _____

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

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

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

	Initial	Date
S Bureau Security Check Out Form	<u>AW</u>	<u>13 Feb 13</u>
Notify BSO of Departure Date 7 TH floor access deletion	<u>N/A</u>	_____
Return QUICK2000 ESCAPE Mask only if leaving the Department	<u>AW</u>	<u>13 Feb 13</u>
Provide BSO a list of all routinely accessed safes	_____	_____
Schedule an SCI Debrief	_____	_____

Schedule C/Political Appointees Rm. 7512 (Ext. 7-3574)

	Initial	Date
Contact Clarence Finney, S/ES-CR x7-3574 for out processing	<u>2-13-2013</u>	<u>AW</u>
DS-1904 - Authorization for Removal of Personal Papers and Non-Record Materials (Contact Clarence Finney x7-3574)	<u>cy</u>	<u>2-13-2013</u>
Executive Office (S/ES-EX)	_____	_____

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

	Initial	Date
Return Parking Permit	_____	_____

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

	Initial	Date
Notify POEMS of transfer from bureau and request transfer guidance	<u>RMM</u>	<u>2-14-13</u>
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	<u>RMM</u>	<u>2-14-13</u>
Turn in Secure Cell phone (Contact Purcell Lee x 7-1532)	<u>RMM</u>	<u>2-14-13</u>

DESIGNATORY TO HANDLE YOUR BILLS AFTER DEPARTURE

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

Signature of Employee

Signature of Designee

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B6
B7(C)

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B7(C)



**OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE**

HUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638)	Initial	Date
Complete & deliver evaluations on supervised employees	<u>cjm</u>	<u>01/30/2013</u>
Did you receive a copy of your performance evaluation?	<u>N/A</u>	<u> </u>
SF-52	<u>cjm</u>	<u>01/30/2013</u>
DS-8	<u> </u>	<u> </u>
Terminate Special Differential	<u>N/A</u>	<u> </u>
Separation Statement (OF-109)	<u> </u>	<u> </u>
Passes: Building Pass/Ops Center	<u> </u>	<u> </u>
SF-2810 (Health Insurance-Change Plan when going overseas)	<u>cjm</u>	<u>01/30/2013</u>
SF-2821 (Life Insurance)	<u> </u>	<u> </u>
TSP Package	<u>cjm</u>	<u>01/30/2013</u>
SF-2818 (Post Retirement Coverage)	<u> </u>	<u> </u>
SF-3106 (Refund of Retirement Contributions)	<u>cjm</u>	<u>01/30/2013</u>
Timekeeper Notified	<u> </u>	<u> </u>
SF-8 (Unemployment Comp.)	<u>cjm</u>	<u>01/30/2012</u>
DS-1971 (Termination Certification Statement)	<u> </u>	<u> </u>

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

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

All Check Out Requirements satisfied (Dep. Exec. Director) Rm. 7507	<u> </u>	<u> </u>
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REMINDER: IF TRANSFERRING OVERSEAS, HAVE YOU...

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

RELEASE IN PART
B7(C),B6**CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT**REVIEW —
AUTHORITY:
Barbara Nielsen,
Senior Reviewer

AN AGREEMENT BETWEEN

ABEDIN, Huma M.

AND THE UNITED STATES GOVERNMENT

(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.

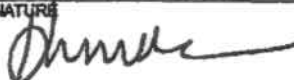
8. Unless and until I am released in writing by an authorized representative of the United States Government, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to classified information, and at all times thereafter.

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.

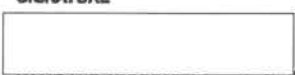
*(Continue on reverse.)*NSN 7540-01-280-5499
Previous edition not usableSTANDARD FORM 312 (Rev. 1-00)
Prescribed by NARA/ISOO
32 CFR 2003.E.O. 12958

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 1824 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) 1/30/09	SOCIAL SECURITY NUMBER (See Notice below)
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 BY THE UNDERSIGNED.		THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.	
SIGNATURE 	DATE (mm-dd-yyyy) 01-30-2009	SIGNATURE	DATE (mm-dd-yyyy)
NAME AND ADDRESS (Type or print) Department of State 2201 C Street NW Room 1818 Washington, DC 20520		NAME AND ADDRESS (Type or print)	

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 disclosure is mandatory or voluntary, by what authority such information is solicited, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Number (SSN) is Executive Order 9397. Your SSN will be used to identify you precisely when it is necessary to 1) certify that you have access to the information indicated above or 2) determine that your access to the information indicated has terminated. Although disclosure of your SSN is not mandatory, your failure to do so may impede the processing of such certifications or determinations, or possibly result in the denial of your being granted access to classified information.

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

STANDARD FORM 312 BACK (Rev. 1-00)

RELEASE IN PART
B6

STANDARD FORM 1150 OFFICE OF PERSONNEL MANAGEMENT										RECORD OF LEAVE DATA																	
1. Name (Last, First, Middle) ABEDIN, HUMA M					2. Social Security Number					3. (For Agency Use) 010101																	
4. Date and Nature of Separation 02/01/13 RESIG-ILIA					5. A. Subject to 5 U.S.C. §304(B) (45 DAY LEAVE CEILING) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					B. Last Date Subject to 5 U.S.C. §304(B)					C. Annual Leave Balance as of That Date (Hours)												
6. Total Service for Leave (as of Date of Separation)		<input checked="" type="checkbox"/> More Than 15 Years		Less Than 15 Years (show)		12 Years		1 Months		22		REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer															
SUMMARY OF ANNUAL AND SICK LEAVE										SUMMARY OF HOME LEAVE																	
7. Carry over Balance from Prior Leave Year Ending		MO		DAY		YEAR		Hours			18. Basic Service Period of 24 Months of Continuous Service Abroad:					MO		DAY		YEAR							
		01		12		13		Annual			Sick			Restored			Date Started				Date Completed						
8. Current leave Year Accrued Through Pay Period Ending (If 90 day restriction applicable explain in remarks)		01		26		13		0.00			0.00			0.00			19. Current 12 Months Accrual Period Began on					MO		DAY		YEAR	
																	Houn Absent Without Pay Since That Date										
9. Total								0.00			0.00			0.00			20. Current Balance (or accrual) as of					MO		DAY		YEAR	
10. Reduction in Credits, if any (current year)								0.00			0.00			0.00			Number of Days							0.00			
11. Total Leave Taken, Current Year Through Date of Separation								0.00			0.00			0.00			21. Twelve Months Accrual Date as of Date of Separation - Number of Days										
12. Balance								0.00			0.00			0.00													
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)								0.00			0.00			0.00													
14. Salary Rate(s) Per Hour:								Eam: 62.06			Leave: 62.06																
15. Lump Sum Leave Dates (if part-time tour, explain in remarks)		MO		DAY		YEAR		Hours			22. Dated Leave Used Prior 24 Months					FROM		TO		MO		DAY		YEAR			
a. Restored		From																									
b. Annual Leave Above Ceiling		From																									
c. Annual Leave Within Ceiling		From																									
		Thru						0.00																			
		From																									
		Thru						0.00																			
		From																									
		Thru						0.00																			
ABSENCE WITHOUT PAY										MILITARY LEAVE																	
16. During Leave Year in Which Separated								Hours			23. During Current Calendar Year					FROM		TO		MO		DAY		YEAR			
								0.00			A. Regular --- Active Duty or Training																
17. A. Date of Last Equivalent Increase		MO		DAY		YEAR		Hours			B. Special --- Civil Disturbance																
B. Total AWOP Hours Since Last Equivalent Increase (except during military service and while in receipt of QWCP Payment)								Hours																			
								0.00																			
24. Remarks (include shore leave information, if applicable): RESIGNATION ILIA 2/1/13 LEAVE PAYOUT																											
HEALTH CODE <input type="checkbox"/> ; LIFE-CODE <input type="checkbox"/> ; TSP SCD <input type="checkbox"/> ; TSP STATUS <input type="checkbox"/> ; PSAHC - <input type="checkbox"/> ; FSADC - <input type="checkbox"/>																											
25. Certified Correct By: (Signature) <i>Jim M. Skinner</i>												26. Title, Agency, Address, Telephone Number US STATE DEPT/GPS/AMERICAN PAYROLL 1969 DYESS AVENUE, BLDG. 646A CHARLESTON, SC 29405-5008 (843) 308-5626 (D) 308-5503 (O/S)										27. Date APR 25 2013					

RELEASE IN PART B6

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

1212 12
ETHICS PLEDGE

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

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

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

3. Revolving Door Ban: Lobbyists Entering Government. If I was a registered lobbyist within the 2 years before the date of my appointment, in addition to abiding by the limitations of paragraph 2, I will not for a period of 2 years after the date of my appointment:

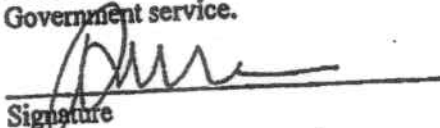
- (a) participate in any particular matter on which I lobbied within the 2 years before the date of my appointment;
- (b) participate in the specific issue area in which that particular matter falls; or
- (c) seek or accept employment with any executive agency that I lobbied within the 2 years before the date of my appointment.

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

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

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

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


Signature

11/23, 2009
Date

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

OK TO FILE



Agency Certification of Insurance Status
Federal Employees' Group Life Insurance Program

RELEASE IN PART
B6

To Agency: See reverse for information and instructions

1. Name of employee (Last, first, middle) 2. Date of birth (Month, day, year) 3. Social Security number
Abedin, Huma M

4a. Event requiring certification 4b. Employee's retirement system 5. Disposition of Designations of Beneficiary (SF 54, SF 2823)
 Separation (includes resignation) CSRS/FERS CIA Other (Specify)
 Retirement TVA FICA
 Death as an employee DCRS*
 Had employee filed Application for Retirement (SF 2801 or SF 3107) with OPM? FIRS *D.C. Police & Fire/Public School Teachers X Attached
 No Yes None on file with this agency
 Death as a reemployed annuitant 4c. OWCP number (if applicable) X On file in employee's Official Personnel Folder

6. Did the employee assign his/her insurance? 7. Did the employee elect living benefits? Amount elected (check one and attach EOB)
 No Yes (attach RI 76-10) No Yes Partial (post-election BIA \$) Full
 End of 12 months non-pay status 8. Date of event checked in item 4a 9. Date of SF 2819, Notice of Conversion Privilege - Issuance Is Mandatory (Prepare SF 2819 for each employee whose coverage as an employee terminates, including all retraining employees)
 Other (Specify) 02/01/2013 01/30/2013

10. Annual basic pay (not basic insurance amount) on date in item 8 (Convert hourly, daily, piecework, etc., rate to annual rate) 11. Effective date of continuous coverage under the FEGLI Program (if any break in service, list dates)
 \$129,517.00 01-22-2009

12a. Did employee have Option A - Standard Insurance on date in item 8? 12b. Amount of Option A 13a. Did employee have Option C - Family Insurance on date in item 8?
 No Yes 12c. Effective date of election No Yes 13b. Effective date of election

14a. Did employee have Option B - Additional Insurance on date in item 8? 14b. Effective date of election 14c. Number of multiples on date in item 8 14d. Lowest number of multiples during last 5 years
 No Yes

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

15a. Signature of certifying official (Facsimile not acceptable) 15e. Name and address of agency (Including ZIP code)
U.S. Department of State
 15b. Typed name of certifying official S/ES-EX Room 7507
 Cynthia J. Motley 2201 C Street NW
 15c. Title Washington, DC 20520
 Administrative Officer
 15d. Date 15f. Telephone number (Including area code)
 01-30-2013 202-647-9661

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

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

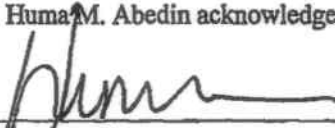
 Typed name of certifying official _____

 16e. Telephone number (Including area code) 16g. Payroll office number

 agency use only OPM use only

Acknowledgement of TCC Notice

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



Employee Signature

2/1/13

Date

United States Department of State

Washington, D.C. 20520

www.state.gov

January 30, 2013

RELEASE IN
PART B6

To Whom It May Concern

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

My resignation will be effective Friday February 1, 2013.

My forwarding contact information is:

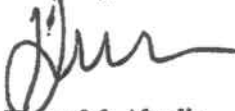
Mailing address:

B6

Email:
Telephone:

B6

Sincerely,



Huma M. Abedin

REVIEW AUTHORITY: Barbara
Nielsen, Senior Reviewer

SSN:
DOB:

B6

RELEASE IN PART
B6

U.S. Department of State

REQUEST FOR BUILDING PASS IDENTIFICATION CARD

Date (mm-dd-yyyy)

APPLICANT SECTION (1-20)

Applicant Name (Last, First, Middle, Suffix)

Abedin

Huma

M

REVIEW AUTHORITY:
Barbara Nielsen,
Senior Reviewer

Social Security Number

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

4. Citizenship (If Other, Specify)

U.S. Other

5. Dual Citizenship (Specify Country)

6. Gender

Male Female

7. Applicant Home Address (Street)

8. Apt. Number

9. City

10. State

11. ZIP Code

12. Applicant E-Mail Address

13. Employer Name

U.S. Department of State

14. Employer Phone Number

15. Employer Fax Number

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)

Cynthia J. Motley

22. Sponsor Office Phone Number

202-647-6040

23. Sponsor Type

EX HR DIR CO COR Other

(Specify)

24. Sponsor Office Symbol

S/ES-EX

25. Type of Building Pass Requested

DOS/USG Employee — DOS Org. Code

(Including PSC)

Contractor (Complete Items 27, 28, 29)

Press Foreign Domestic

Other USG Employee (Specify Agency)

Other (Specify)

26. Escort Authority (Clearance or Public Trust Required)

Yes No

27. Contract Number

28. Contract Dates (mm-dd-yyyy)

To

29. Classified Contract

Yes No

30. Hours of Access

Normal Business Hours (7:00 AM to 6:30 PM/Monday-Friday)

Special Business Hours (5:30 AM to 6:30 PM/Monday-Friday)

24 Hr. / 7 Day

31. Type of Access

Building Access Only

Building and Computer Access

32. Sponsor Signature

Cynthia J. Motley

Date Signed (mm-dd-yyyy)

34. Sponsor DOS Building Pass Number

FOIA ACT STATEMENT

Authority: 22 USC 2658; Executive Order 9397; Executive Order 10450; Executive Order 12958, as amended; and section 506(a) of the Federal Records Act of 2002, as amended. (See instruction page for Purpose and Routine Uses)

1838
2006

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REQUEST FOR BUILDING PASS IDENTIFICATION CARD
(Continued)

DS/SSD/DSIS USE ONLY			
A. SmartCard Badge Number Issued _____ <input type="checkbox"/> PIN Issued		B. Wiegand Badge Number Issued _____	
C. SmartCard Badge Number Returned _____		D. Wiegand Badge Number Returned _____	
E. Issuance Style - SmartCard <input type="checkbox"/> New <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Upgrade/Update <input type="checkbox"/> Renewal <input type="checkbox"/> Stolen <input type="checkbox"/> Info Change <input type="checkbox"/> Other		F. Issuance Style Wiegand <input type="checkbox"/> New <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Upgrade/Update <input type="checkbox"/> Renewal <input type="checkbox"/> Stolen <input type="checkbox"/> Info Change <input type="checkbox"/> 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			
<input type="checkbox"/> Add Bluestripe <input type="checkbox"/> Remove Bluestripe		SSO USE ONLY	
<input type="checkbox"/> Full-5 <input type="checkbox"/> Proximity-4 <input type="checkbox"/> None		<input type="checkbox"/> Briefed <input type="checkbox"/> De-Briefed	
A. SCI Clearance Verified as: _____		B. Date Verified (mm-dd-yyyy) _____	C. Verified By (Printed Name and Signature) _____
<input type="checkbox"/> Add Orangestripe <input type="checkbox"/> Remove Orangestripe		INR USE ONLY	
A. Office Symbol Requesting Code _____		B. Date Requested (mm-dd-yyyy) _____	C. Authorized By (Printed Name and Signature) _____
OTHER SPECIAL ACCESS CODE			
Requesting Office _____	B. Code _____	C. Date Requested (mm-dd-yyyy) _____	C. Authorized By (Printed Name and Signature) _____
Notes/Comments _____ _____ _____ _____			

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B7(C)

[Redacted]

From: [Redacted] on behalf of DS_DO_ACS
Sent: Thursday, February 14, 2013 7:18 AM
To: [Redacted] DS_DO_ACS
Cc: DS PSS FILE ROOM; DS_SSO; Motley, Cynthia J; Gillmore, Shirley J; [Redacted]
Subject: RE: SCI Debrief - ABEDIN

RELEASE IN PART
B7(C),B6

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: Barbara Nielsen, Senior Reviewer

Thanks,

[Redacted]

DS/DO/DFP
U.S. DEPARTMENT OF STATE
ALUTIQ INTERNATIONAL SOLUTIONS
OFFICE: [Redacted]

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B7(C)

From: Wallen, Henry C
Sent: Thursday, February 14, 2013 6:35 AM
To: [Redacted] DS_DO_ACS
Cc: DS PSS FILE ROOM; DS_SSO; Motley, Cynthia J; Gillmore, Shirley J; [Redacted]
Subject: SCI Debrief - ABEDIN

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B7(C)

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-[Redacted] (S)

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

-For DS/SSO: Please annotate both MS Access Roster and Scattered Castle data base.

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

v/r

[Redacted]

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B7(C)



U.S. Department of State

RELEASE IN PART
B7(C),B6

SEPARATION STATEMENT

I, ABEDIN, Huma M. make the following statement in connection with my
(Please Type or Print)

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

1. I have surrendered to responsible officials all classified or administratively controlled documents and material with which I was charged or which I had in my possession. I am not retaining in my possession, custody, or control, documents or material containing classified or administratively controlled information furnished to me during the course of such employment or developed as a consequence thereof, including any diaries, memorandums of conversation, or other documents of a personal nature that contain classified or administratively controlled information.
2. I have surrendered to responsible officials all unclassified documents, and papers relating to the official business of the Government acquired by me while in the employ of the Department.
3. I shall not publish, nor reveal to any person, any classified or administratively controlled information of which I have knowledge, or any other information transmitted to me in confidence in the course of my official duties, unless authorized by officials of the employing Department empowered to grant permission for such disclosure.
4. I have been advised by the interviewing officer whose name appears below, and understand the criminal penalties relating to U.S. Government records and information and the use thereof.

Title 18, U.S. Code

- Section 641 - Public Money, Property or Records
- 793 - Gathering, Transmitting or Losing Defense Information
- 794 - Gathering or Delivering Defense Information to Aid Foreign Govt.
- 798 - Disclosure of Classified Information
- 952 - Diplomatic Codes and Correspondence
- 1905 - Disclosure of Confidential Information
- 2071 - Concealment, Removal, or Mutilation of Records

Title 50, U.S. Code

- Section 783(b) - Communication of Classified Information by Government Officer or Employee
- 783(d) - Penalties for Violation

Title 42, U.S. Code

- Section 2272 - Violation of Specific Sections
- 2273 - Violation of General Sections
- 2274 - Communication of Restricted Data
- 2275 - Receipt of Restricted Data
- 2276 - Tampering With Restricted Data
- 2277 - Disclosure of Restricted Data

REVIEW
AUTHORITY:
Barbara Nielsen,
Senior Reviewer

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 could expose confidential Government agents); and the statutes which protect against disclosure that may compromise the national security, including Sections 641, 793, 794, 798 and 952 of Title 18, United States Code, and 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.

5. I reaffirm that the provisions of the espionage laws, other federal criminal laws and executive orders applicable to the safeguarding of classified information have been made available to me; that I have returned all classified information in my custody; that I will not communicate or transmit classified information to any unauthorized person or organization; that I will promptly report to the Federal Bureau of Investigation any attempt by an unauthorized person to solicit classified information, and that I (have) (have not) received a security debriefing.
6. I have been advised by the interviewing officer whose signature appears below and fully understand that Section 1001 of Title 18, United States Code, provides criminal penalties for knowingly and willfully falsifying or concealing material fact in a statement or document submitted to any department or agency of the United States Government concerning a matter under its jurisdiction.

Signature of Interviewing Officer

07-13-2013
Date (mm-dd-yyyy)

Typed Name of Interviewing Officer

Department of State
Post/Department

[Signature]
Signature in Presence of Interviewing Officer

Date of Birth (mm-dd-yyyy)

07-13-2013
Date Signed (mm-dd-yyyy)

ABEDIN, Huma M.
Typed Name of Employee

Other Names Used During This Period of Employment

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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 841, 793, 794, 798, 952 and 1924 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

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

SIGNATURE 	DATE (mm-dd-yyyy) 2/13/2013	SOCIAL SECURITY NUMBER (See Notice below) [Redacted]
ORGANIZATION (IF CONTRACTOR, LICENSEE, GRANTEE OR AGENT, PROVIDE: NAME, ADDRESS, AND IF APPLICABLE, FEDERAL SUPPLY CODE NUMBER) (Type or print)		

B6

Department of State	RELEASE IN PART B7(C), B6	REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer
PAGE(S) MISSING		

WITNESS		ACCEPTANCE	
THE EXECUTION OF THIS AGREEMENT WAS WITNESSED BY THE UNDERSIGNED.		THE UNDERSIGNED ACCEPTED THIS AGREEMENT ON BEHALF OF THE UNITED STATES GOVERNMENT.	
SIGNATURE	DATE (mm-dd-yyyy)	SIGNATURE	DATE (mm-dd-yyyy)
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (Type or print)	

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) 2/13/2013
---------------------------	--------------------------------

NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS
[Redacted]	[Redacted]

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

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

STANDARD FORM 312 BACK (Rev. 1-00)

Admin Debrief DS/SSO 27 February 2015

RELEASE IN PART
B7(C),B6

CMS - Security File

File Edit

Case Name: MILLS, CHERYL DENISE

SSN: []

DOB: []

Current File Location: []

General | Case Files | Clearances | Emp/Contr Info | Aliases | Cross-Ref | Spouse | Correspondence

Last Name: MILLS First: CHERYL Middle: DENISE Suffix: []

SSN: [] DOB: []

Sex
 Male Female Unknown

Email Address: []

Clearance/Certification:
None

Assignment Restrictions:
N/A

REVIEW
AUTHORITY:
Barbara Nielsen,
Senior Reviewer

Place of Birth
City: [] State: []
County: [] Country: US United States

Physical Description

Height: [] Hair Color: [] Eye Color: []
Weight: [] Race: []

Fileroom Location: SEP-E 2014

Remarks: See email traffic in Security File 2/8/2014 AML
TOP SECRET clearance 02/24/2009 by DOS based on SSBI by OPM on 02/24/2009.
Removed 05/12/2014 per HR notification February 2014. SCI eligible.

Navigation icons: back, forward, search, etc.

Email Save Cancel

Display Enter SSN

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Printed 1251 / 31 January 2014 (w/Cynthia Motley, 1235/31 Jan '14)

Debrief _____ / _____ S ((SCI / 312 / 109))

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

Security File

Case Name: MILLS, CHERYL DENISE SSN: 082-00-8801 DOB: 02/12/1965
 Current File Location: PF

General | Data Files | Clearances | Email Cont. Info | Aliases | Cross-Ref | Spouse | Correspondence

Name: MILLS, CHERYL DENISE
 SSN: [Redacted] DOB: [Redacted] Sex: Male Female Unknown
 Email Address: [Redacted]

Clearance/Classification: TOP SECRET granted 02/24/2009 by DOB based on SSB by BOS on 02/24/2009
 Assignment Restrictions: None

Place of Birth: City: [Redacted] State: [Redacted] Country: US United States

Physical Description: Height: [Redacted] Hair Color: [Redacted] Eye Color: [Redacted]
 Weight: [Redacted] Rate: [Redacted]

Remarks: WAS AN APP 2009; 07/01/13
 Per HR memo - EOD date effective 05/26/09 09/28/09.

File Room Location: E

Buttons: Email, Save, Cancel

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PIV Card _____ Exp _____

Last Day _____

Cancel _____

→ Query CMS 1329/07 Apr '14
PR Submission First Ltr 26 Mar '14

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REVIEW
AUTHORITY:
Barbara Nielsen,
Senior Reviewer

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

conditions and obligations not related to SCI as may now or hereafter pertain to my employment by or assignment or relation to 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 852 of Title 18, United States Code, and Section 783(b) of Title 50, United States Code, and Executive Order 13526, 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 emoluments that have resulted, will result, or may result from any disclosure, publication, or revelation not consistent with the terms of this Agreement.

13. (U) These provisions are consistent with and do not supersede, conflict with, or otherwise alter 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 mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower 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 alter the employee obligations rights or liabilities created by Executive Order 13526; 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 Whistleblower Protection Act (governing disclosure of illegality, waste, fraud, abuse or public health or safety threats); the Intelligence Identifies 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); sections 17(d)(5) and 17(e)(3) of the CIA Act of 1949 (50 U.S.C. 403q(d)(5) and 403q(e)(3)) (relating to disclosures to the Inspector General of the Central Intelligence Agency and Congress); and the statutes which protect agent disclosure which may compromise the national security, including Section 841, 793, 794, 798, and 852 of Title 18, United States Code, and Section 4(b) of the Subversive Activities Control Act of 1950 (50 U.S.C. Section 783(b)). The definitions, requirements, obligations, rights, sanctions and liabilities created by said Executive Order and listed statutes are incorporated into this Agreement and are controlling.

15. (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.

Signature

Date

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

WITNESS and ACCEPTANCE:

Signature

Date

SECURITY BRIEFING / DEBRIEFING ACKNOWLEDGMENT

<u>'SI'</u>	<u>'G'</u>	<u>'TK'</u>	<u>'HCS'</u>		
<small>(Special Access Programs by Initials Only)</small>					
	Mills, Cheryl D		DoS (S)		
<small>SSN (See Notice Below)</small>	<small>Printed or Typed Name</small>		<small>Organization</small>		

<p>BRIEF Date _____</p> <p>I hereby acknowledge that I was briefed on the above SCI Special Access Program(s);</p> <p style="text-align: center;">_____ <small>Signature of Individual Briefed</small></p>	<p>DEBRIEF Date _____</p> <p>Having been reminded of my continuing obligation to comply with the terms of this Agreement, I hereby acknowledge that I was debriefed on the above SCI Special Access Program(s);</p> <p style="text-align: center;">_____ <small>Signature of Individual Briefed</small></p>
<p>I certify that the briefing presented by me on the above date was in accordance with relevant SCI procedures.</p> <p>_____ <small>Printed or Typed Name</small></p>	<p>_____ <small>Printed or Typed Name</small></p> <p style="text-align: center;">DoS <small>Organization (Name and Address)</small></p>

(U) NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is collected from them, whether the disclosure is mandatory or voluntary, by what authority such information is collected, and what uses will be made of the information. You are hereby advised that authority for soliciting your Social Security Account Number (SSAN) is Executive Order 13526, as amended. Your SSAN 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 SSAN is not mandatory, your failure to do so may impede such certifications or determinations.