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,

Susan C. Weetman 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

C05826884 IED U.S. Department of State Case No. F-2015-05069 Doc No. C05826884 Date: 11/05/2015

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)	2. Social Security Number	3. Date of Birth	4. Effective Date
CLINTON,HILLARY RODHAM			02-01-2013

B6

FIRST ACTION

5-A Code	5-B Nature of Action
312	RESIGNATION-ILIA
5-C Code	5-D Legal Authority
RPM	Reg 715.202. Resignation
5-E Code	5-F Legal Authority

SECOND ACTION

6-A Code	6-B Nature of Action
6-C Code	6-D Legal Authority
6-E Code	6-F Legal Authority

7. FROM: Position Title and Number	PD:E00744 Position: E0074400	15. TO Position Title and Number
SECRETARY OF STATE		

8. Pay Plan	9. Occ Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis
EX	00130	01	00	$196,700.00	PA

16. Pay Plan	17. Occ Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award	21. Pay Basis

12A. Basic Pay	12B. Locality Adj	12C. Adj Basic Pay	12D. Other Pay
$196,700.00	$0.00	$196,700.00	$0.00

20A. Basic Pay	20B. Locality Adj	20C. Adj Basic Pay	20D. Other Pay

14. Name and Location of Position's Organization	010101	22. Name and Location of Position's Organization
IMMEDIATE OFFICE OF THE SECRETARY OFFICE OF THE SECRETARY		REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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%)	0 (0 - None, 1 - Permanent, 2 - Conditional, 3 - Indefinite)	17	YES: X NO:

B6

27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant
	9 - Not Applicable	0

B6

30. Retirement Plan	31. Service Comp Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period
	05-11-2000	F - Full Time	

B6

POSITION DATA

34. Position Occupied	35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status
2 (1 - Competitive Service, 2 - Excepted Service, 3 - SES General, 4 - SES Career Reserved)	E (E - Exempt, N - Nonexempt)	0113.0-1097 1111 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. Prim Skill	43. HR Processor	44.
21-JAN-2009	N/A	0010	SESCPC	EMPLID:

B6

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:

B6

46. Employing Department or Agency	50. Signature/Authentication and Title of Approving Official
DEPARTMENT OF STATE	Electronically signed by:
47. Agency Code: ST00 / 48. Personnel Office ID: 2951 / 49. Approval Date: 02-01-2013	LINDA THOMAS-GREENFIELD DIR GEN OF FS /DIR OF HR

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

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05826884 Date: 11/05/2015

C05826885 IED U.S. Department of State Case No. F-2015-05069 Doc No. C05826885 Date: 11/05/2015

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)	2 Social Security Number	3 Date of Birth	4 Effective Date
ABEDIN,HUMA M			02-01-2013

B6

FIRST ACTION

5-A Code	5-B Nature of Action
312	RESIGNATION-ILIA
5-C Code	5-D Legal Authority
RPM	Reg 715.202. Resignation
5-E Code	5-F Legal Authority

SECOND ACTION

6-A Code	6-B Nature of Action
6-C Code	6-D Legal Authority
6-E Code	6-F Legal Authority

7 FROM Position Title and Number	PD:E10562 Position: E1056200
SENIOR ADVISOR	

8 Pay Plan	9 Occ Code	10 Grade/Level	11 Step/Rate	12 Total Salary	13 Pay Basis
ED	00130	15	10	$496.47	PD

12A Basic Pay	12B Locality Adj	12C Adj Basic Pay	12D Other Pay
$496.47	$0.00	$496.47	$0.00

14 Name and Location of Position's Organization	010101
IMMEDIATE OFFICE OF THE SECRETARY OFFICE OF THE SECRETARY	

15 TO Position Title and Number					
16 Pay Plan	17 Occ Code	18 Grade/Level	19 Step/Rate	20 Total Salary/Award	21 Pay Basis

20A Basic Pay	20B Locality Adj	20C Adj Basic Pay	20D Other Pay

22 Name and Location of Position's Organization

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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: X NO:

B6

27 FEGLI	28 Annuitant Indicator	29 Pay Rate Determinant
	9 - Not Applicable	0

B6

30 Retirement Plan	31 Service Comp Date (Leave)	32 Work Schedule	33 Part-Time Hours Per Biweekly Pay Period
	03-02-2001	I Intermittent	

B6

POSITION DATA

34 Position Occupied	35 FLSA Category	36 Appropriation Code	37 Bargaining Unit Status
2 (1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved)	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 Prim Skill	43 HR Processor	44
03-JUN-2012	N/A		SSEXCJM	EMPLID

B6

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. Resigantion in lieu of involutary separation. There is no misconduct in this case
- FORWARDING ADDRESS:

B6

46 Employing Department or Agency	50 Signature/Authentication and Title of Approving Official
DEPARTMENT OF STATE	Electronically signed by. LINDA THOMAS-GREENFIELD DIR GEN OF FS /DIR OF HR

47 Agency Code	48 Personnel Office ID	49 Approval Date
ST00	2951	02-15-2013

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

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

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

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)	2 Social Security Number	3 Date of Birth	4 Effective Date
MILLS,CHERYL D			02-03-2014 B6

B6

FIRST ACTION

5-A Code	5-B Nature of Action
355	TERMINATION-EXP OF APPT
5-C Code	5-D Legal Authority
5-E Code	5-F Legal Authority

SECOND ACTION

6-A Code	6-B Nature of Action
6-C Code	6-D Legal Authority
6-E Code	6-F Legal Authority

7 FROM: Position Title and Number	PD:E10442 Position: E1044200
FOREIGN AFFAIRS OFFICER (EXPERT)	

8 Pay Plan	9 Occ Code	10 Grade/Level	11 Step/Rate	12 Total Salary	13 Pay Basis
ED	00130	00	00	$0.00	WC

12A Basic Pay	12B Locality Adj	12C Adj Basic Pay	12D Other Pay
$0.00	$0.00	$0.00	$0.00

14 Name and Location of Position's Organization	010101
IMMEDIATE OFFICE OF THE SECRETARY OFFICE OF THE SECRETARY	

15 TO Position Title and Number

16 Pay Plan	17 Occ Code	18 Grade/Level	19 Step/Rate	20 Total Salary/Award	21 Pay Basis

20A Basic Pay	20B Locality Adj	20C Adj Basic Pay	20D Other Pay

22 Name and Location of Position's Organization

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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%	0 (0 - None 1 - Permanent 2 - Conditional 3 - Indefinite)	13	YES X NO

B6

27 FEGLI	28 Annuitant Indicator	29 Pay Rate Determinant
	9 - Not Applicable	0

B6

30 Retirement Plan	31 Service Comp Date (Leave)	32 Work Schedule	33 Part-Time Hours Per Biweekly Pay Period
	09-03-2002	I Intermittent	

B6

POSITION DATA

34 Position Occupied	35 FLSA Category	36 Appropriation Code	37 Bargaining Unit Status
2 (1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved)	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 Prim Skill	43 HR Processor	44
04-FEB-2013	N/A		SSEXCJM	EMPLID

B6

45 Remarks

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

B6

46 Employing Department or Agency	47 Agency Code	48 Personnel Office ID	49 Approval Date
DEPARTMENT OF STATE	ST00	2951	02-24-2014

50 Signature/Authentication and Title of Approving Official
Electronically signed by: HANS KLEMM ACTING

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

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

RELEASE IN FULL

TAKE THIS FORM WITH YOU IF YOU GO TO FILE A CLAIM

UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES (UCFE) PROGRAM

NOTICE TO FEDERAL EMPLOYEE ABOUT UNEMPLOYMENT INSURANCE

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

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

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

FEDERAL AGENCY will insert in the box:
1st line - Parent Federal Agency Name and 3 digit code number
2nd line - Major Component (if any)
3rd and 4th line - complete 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 CODE NO. 405

Department of State

2401 E Street NW, Suite H-804 Chief, HR/EX/RM

Washington, DC 20522

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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.

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

NSN 7540-00-634-3964

C05833719 IED U.S. Department of State Case No. F-2015-05069 Doc No. C05833719 Date: 11/05/2015

RELEASE IN FULL

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

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

SF312 - Classified Information Non Disclosure Agreement
- Not debriefed
Briefed 01/22/09

SF 50 - Resignation / Notification of Personnel Action
02/01/13

[illegible] / Therese B Loasburg
[illegible] / 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?

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

February 3, 2013

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

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,

Cheryl D. Mills

United States Department of State

Washington, D.C. 20520

RELEASE IN FULL

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

VOLUNTARY SEPARATION INCENTIVE PAYMENT

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

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

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

[signature] — Signature

04.26.09 — Date

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 emloyed by a Federal agency.

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

	3 Digit Identification FEDERAL AGENCY CODE NO.
Department of State	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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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 CODE NO.
Department of State	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 7540-00-634-3964

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: 202-647-5638
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.

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

OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

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 Hilary _____ **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 [redacted]		

B6
B7(C)

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 rentention 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)		

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

OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

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)		Initial	Date
Complete & deliver evaluations on supervised employees'	Online		
Did you receive a copy of your performance evaluation?	✓		
~~SF-52~~		N/A	
~~DS-8~~		N/A	
~~Terminate Special Differential~~		N/A	
✓Separation Statement (OF-109)			
~~Passes: Building Pass/Ops Center~~		N/A	
~~SF-2810 (Health Insurance-Change Plan when going overseas)~~		N/A	
✓SF-2821 (Life Insurance)	✓	SW	6/4/15
✓~~TSP Package~~	✓	N/A SW	6/4/15
~~SF-2818 (Post Retirement Coverage)~~		N/A	
~~SF-2819 (Application for Refund of Retirement Deduction-CSRS)~~		N/A	
(A) ~~SF-2802 OR OPM-3106 (Refund of Retirement Contributions)~~		N/A	
~~OF-126 (Residence and Dependency Report)~~		N/A	
✓SF-278 (Financial Disclosure Report and Termination Certification Statement)	✓	SW	6/4/15
✓Timekeeper Notified		SW	6/4/15
✓SF-8 (Unemployment Comp.)		SW	6/4/15
~~Training (Cancel)~~		N/A	
✓DS-1971 (Termination Certification Statement)		SW	6/4/15

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?

From 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.

Hillary Clinton
Signature

January 21, 2009
Date

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

OK TO FILE

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833698 Date: 11/05/2015

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 (Name (Last)) HILLARY (First) RODHAM (Middle)
2. (Street Address) (City) (State) (Zip Code) B6
3. (Social Security Number)
4. (202) 647 - 9572 (Daytime Phone (Area Code and Number)) B6
5. DEPARTMENT OF STATE S (Office Identification (Agency and Organization))

II. START OR CHANGE YOUR CONTRIBUTIONS

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

6. .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. HRClinton (Participant's Signature) 10. 01 / 26 / 2009 (Date Signed (mm/dd/yyyy))

V. FOR EMPLOYING OFFICE USE ONLY

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

14. Cynthia J Bailey (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

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833698 Date: 11/05/2015

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833700 Date: 11/05/2015

THRIFT SAV.NGS 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 (Name (Last)) HILLARY (First) RODHAM (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))

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer B6 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. HR Clinton (Participant's Signature) 8. 01 / 26 / 2009 (Date Signed (mm/dd/yyyy))

III. STOP YOUR CATCH-UP CONTRIBUTIONS

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

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

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

IV. FOR EMPLOYING OFFICE USE ONLY

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

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833700 Date: 11/05/2015

THRIFT SAV..IGS PLAN
DESIGNATION OF BENEFICIARY

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.

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer B6

I. INFORMATION ABOUT YOU

1. Name CLINTON (Last) HILLARY (First) RODHAM (Middle)
2. Social Security Number
3. Date of Birth (mm/dd/yyyy)
4. (202) 647 - 9572 Daytime Phone (Area Code and Number)
5. Address (Street address or box number)
6. City State/Country Zip Code

B6

II. DESIGNATING YOUR BENEFICIARIES

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

1. Beneficiary Name (Last) (First) (Middle) Share:
   Street address or box number
   City State/Country Zip Code
   Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

B6

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

B6

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

B6

☞ ☐ 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.

H R Clinton — Participant's Signature
01/26/2009 — 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 — Typed or Printed Name of First Witness
Antonia B. Hawkins — Signature of First Witness

Witness 2 Chrisandra Bradford — Typed or Printed Name of Second Witness
Chrisandra Bradford — 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 0 1 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 [redacted] B6

Forwarding Telephone

Termination/Transfer Date *(mm-dd-yyyy)** FEB 0 1 2013

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

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

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.)

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)*	SOCIAL SECURITY NUMBER *(See Notice below)*
HR Clinton	22-01-2009	B6

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)*	SIGNATURE	DATE *(mm-dd-yyyy)*
	01-22-2009		B6 B7(C)
NAME AND ADDRESS *(Type or print)*		NAME AND ADDRESS *(Type or print)*	
Department of State 2201 C Street NW Washington, DC 20520			

SECURITY DEBRIEFING ACKNOWLEDGMENT

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

SIGNATURE OF EMPLOYEE	DATE *(mm-dd-yyyy)*

NAME OF WITNESS *(Type or print)*	SIGNATURE OF WITNESS

NOTICE: The Privacy Act, 5 U.S.C. 552a, requires that federal agencies inform individuals, at the time information is solicited from them, whether the 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)

Federal Employees Group Life Insurance

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)*
Clinton, Hillary R.

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

3. Social Security number

B6

4a. Event requiring certification
- [X] Separation *(includes resignation)*
- [ ] Retirement
- [ ] Death as an employee
- Had employee filed Application for Retirement *(SF 2801 or SF 3107)* with OPM?
  - [ ] No
  - [ ] Yes
- [ ] Death as a reemployed annuitant
- [ ] End of 12 months non-pay status
- [ ] Other *(Specify)*

4b. Employee's retirement system
- [ ] CSRS/FERS
- [ ] TVA
- [ ] DCRS*
- [ ] FSRS
- [ ] CIA
- [ ] FICA
- [ ] Other *(Specify)*

*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

B6

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

B6

8. Date of event checked in item 4a
2/1/2013

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)*
$196,700.00

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

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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
- [ ] No
- [ ] Yes
  - 13b. Effective date of election

B6

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

B6

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)
Cynthia L Motley

15b. Typed name of certifying official
Cynthia L Motley

15c. Title
Administrative Officer

15d. Date
FEB 0 1 2013

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

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

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

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833712 Date: 11/05/2015

RELEASE IN PART
B7(C),B6

SENSITIVE COMPARTMENTED INFORMATION NONDISCLOSURE AGREEMENT

An Agreement Between **Hillary Rodham Clinton** and the United States.

(Name - Printed or 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 statue. 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, 798, and 952, Title 18, United States Code, and of Section 783(b), Title 50, United States Code. Nothing in this Agreement constitutes a waiver by the United States of the right to prosecute me for any statutory violation.

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

8. I understand that all information to which I may obtain access by signing this Agreement is now and will remain the property of the United States Government unless and until otherwise determined by an appropriate official 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.

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833712 Date: 11/05/2015

11. I have read this Agreement carefully and my questions, if any, have been answered to my satisfaction. I acknowledge that the briefing officer has made available Sections 793, 794, 798 and 952 of Title 18, United States Code, and Section 783(b) of Title 50, United States Code, and Executive Order 12958, as amended, so that I may read them at this time, if I so choose.

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

13. These restrictions are consistent with and do not supersede conflict with or otherwise alter the employee obligations rights or liabilities created by Executive Order 12958; Section 7211 of Title 5, United States Code (governing disclosures to 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 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.

H R Clinton — Signature
22 January 2009 — 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: [redacted] B6 B7(C)
22 January 2009 — Date

SECURITY BRIEFING / DEBRIEFING ACKNOWLEDGMENT

SI G TK HCS

(Special Access Programs by Initials Only)

[redacted] B6
SSN (See Notice Below)

Hillary Rodham Clinton
Printed or Typed Name

S
Organization

BRIEF DATE: 22 January 2009

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

H R Clinton
Signature of Individual Briefed

DEBRIEF DATE:

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

Signature of Individual Debriefed

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

[redacted] B6 B7(C)
Signature of Briefing/Debriefing Officer

[redacted]
Printed or Typed Name

[redacted] B6 B7(C)
SSN (See Notice Below)

DS/IS/SSO State
Organization (Name and Address)

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.

FORM 11-00 4414 (EF)

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833715 Date: 11/05/2015

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	2. Request Number
Termination	
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)	6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)
CARTER,CAROL P 02-01-2013 HUMAN RESOURCES SPECIALIST	CARTER,CAROL P 02-01-2013 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)	2. Social Security Number	3. Date of Birth	4. Effective Date
CLINTON,HILLARY RODHAM			02-01-2013

B6

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:

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

7. FROM: Position Title and Number	PD:E00744 Position: E0074400	15. TO: Position Title and Number
SECRETARY OF STATE		

8.Pay Plan	9.Occ. Code	10.Grade/Level	11.Step/Rate	12.Total Salary	13.Pay Basis
EX	00130	01	00	$196,700.00	PA

16.Pay Plan	17.Occ. Code	18.Grade/Level	19.Step/Rate	20.Total Salary/Award	21.Pay Basis

12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay
$196,700.00	$0.00	$196,700.00	$0.00

20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
010101 IMMEDIATE OFFICE OF THE SECRETARY OFFICE OF THE SECRETARY	

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	26. Veterans Preference for RIF
	0	17	YES: X NO:

B6

27. FEGLI	28. Annuitant Indicator	29. Pay Rate Determinant
	9 - Not Applicable	0

B6

30. Retirement Plan	31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Biweekly Pay Period
	05-11-2000	F Full Time	

B6

POSITION DATA

34. Position Occupied (1-Competitive Service 2-Excepted Service 3-SES General 4-SES Career Reserved)	35. FLSA Category (E-Exempt N-Nonexempt)	36. Appropriation Code	37. Bargaining Unit Status
2	E	0113.0-1097 1111 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. Prim Skill	43. HR Processor	44.
21-JAN-2009	N/A	0010	SESCPC	EMPLID

B6

45. Educational Level	46. Yr. Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship (1-USA 8-Other)	50. Veterans Status	51. Supervisory Status
JD*	1974	220101	00	1	X Non Vet	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

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833715 Date: 11/05/2015

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 [redacted]		

B6
B7(C)

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 rentention 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)		

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833718 Date: 11/05/2015

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)	Online	**Initial**	**Date**
Complete & deliver evaluations on supervised employees'			
Did you receive a copy of your performance evaluation?	✓		
~~SF-52~~ SGE			
~~DS-5~~			6/4/15
~~Terminate Special Differential~~			
Separation Statement (OF-109)			6/4/15
~~Passes: Building Pass/Ops Center~~			
~~SF-2810 (Health Insurance-Change Plan when going overseas)~~			
SF-2821 (Life Insurance)	✓		6/4/15
TSP Package	✓		6/4/15
~~SF-2818 (Post-Retirement Coverage)~~			
~~SF-2819 (Application for Refund of Retirement Deduction-CSRS)~~			
SF-2802 OR OPM-3106 (Refund of Retirement Contributions)			
~~OF-126 (Residence and Dependency Report)~~			
SF-278 (Financial Disclosure Report and Termination Certification Statement)			6/4/15
Timekeeper Notified			6/4/15
SF-8 (Unemployment Comp.)			6/4/15
~~Training (Cancel)~~			6/4/15
DS-1971 (Termination Certification Statement)	✓		6/4/15

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?

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833718 Date: 11/05/2015

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833723 Date: 11/05/2015

RELEASE IN PART
B7(C),B6

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

AN AGREEMENT BETWEEN MILLS, Cheryl D. . AND THE UNITED STATES

(Name of individual – Printed or typed)

REVIEW 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 g access to classified information. As used in this Agreement, classified information is marked or unmarked classified inform including oral communications, that is classified under the standards of Executive Order 12958, or under any other Executive or statute that prohibits the unauthorized disclosure of information in the interest of national security; and unclassified informatio meets the standards for classification and is in the process of a classification determination as provided in Section 1.1, 1.2, 1 1.4(e) of Executive Order 12958, or under any other Executive order or statute that requires protection for such information 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.)

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833723 Date: 11/05/2015

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

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

SIGNATURE	DATE (mm-dd-yyyy)	SOCIAL SECURITY NUMBER (See Notice below)
	01-29-09	B6

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)	SIGNATURE	DATE (mm-dd-yyyy)
	01-29-2009		B6 B7(C)
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (Type or print)	
Department of State 2201 C Street NW Room 1818 Washington, DC 20520			B6 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)

CHERYL MILLS SSN: [redacted] B6

SHE WAS ADMINISTRATIVELY DEBRIEFED BY DS/IS/SSO [redacted]

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

Federal Employees Group Life Insurance

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)*	2. Date of birth *(Month, day, year)*	3. Social Security number
Mills, Cheryl D.		

4a. Event requiring certification
- [X] Separation *(includes resignation)*
- [ ] Retirement
- [ ] Death as an employee
- Had employee filed Application for Retirement *(SF 2801 or SF 3107)* with OPM?
  - [ ] No
  - [ ] Yes
- [ ] Death as a reemployed annuitant
- [ ] End of 12 months non-pay status
- [ ] Other *(Specify)*

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	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)*	11. Effective date of continuous coverage under the FEGLI Program *(If any break in service, list dates)*
$179,655.00	

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

12b. Amount of Option A

12c. Effective date of election

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

13b. Effective date of election

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

14b. Effective date of election	14c. Number of multiples on date in item 8	14d. Lowest number of multiples during last 5 years
04-26-2009	2	

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)*
Carol P. Carter	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)	16f. Name and address of payroll office *(If different from that given in item 15e)*
16b. Typed name of certifying official	
16c. Title	
16d. Date / 16e. Telephone number *(Including area code)*	16g. Payroll office number
Remarks *(For agency use only)*	OPM use only

Federal Employees Group Life Insurance

Agency Certification of Insurance Status

Federal Employees' Group Life Insurance Program

To Agency: See reverse for information and instructions

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

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

3. Social Security number: B6

4a. Event requiring certification
- [X] Separation *(includes resignation)*
- [ ] Retirement
- [ ] Death as an employee
- Had employee filed Application for Retirement *(SF 2801 or SF 3107)* with OPM?
  - [ ] No
  - [ ] Yes
- [ ] Death as a reemployed annuitant
- [ ] End of 12 months non-pay status
- [ ] Other *(Specify)*

4b. Employee's retirement system
- [ ] CSRS/FERS
- [ ] TVA
- [ ] DCRS*
- [ ] FSRS
- [ ] CIA
- [ ] FICA
- [ ] Other *(Specify)*

*D.C. Police & Fire/Public School Teachers

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

5. Disposition of Designations of Beneficiary *(SF 54, SF 2823)* B6
- [ ] 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?
- [ ] No
- [ ] Yes
  - Amount elected *(check one and attach EOB)*
  - [ ] Partial (post-election BIA $_____) B6
  - [ ] 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: B6

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: B6 B6

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:

PART 2 - Enrollee/Assignee

Federal Employees Group Life Insurance

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.		B6

4a. Event requiring certification
- [X] Separation *(includes resignation)*
- [ ] Retirement
- [ ] Death as an employee

Had employee filed Application for Retirement *(SF 2801 or SF 3107)* with OPM?
- [ ] No
- [ ] Yes

- [ ] Death as a reemployed annuitant
- [ ] End of 12 months non-pay status
- [ ] Other *(Specify)*

4b. Employee's retirement system
- [ ] CSRS/FERS
- [ ] TVA
- [ ] DCRS*
- [ ] FSRS

[ ] CIA [ ] FICA [ ] Other *(Specify)*

*D.C. Police & Fire/Public School Teachers

4c. OWCP number *(if applicable)*

5. Disposition of Designations of Beneficiary *(SF 54, SF 2823)* B6
- [ ] 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 $_____) B6
  - [ ] 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)*	11. Effective date of continuous coverage under the FEGLI Program *(If any break in service, list dates)*
$179,655.00	

12a. Did employee have Option A - Standard Insurance on date in item 8?
- [ ] No
- [ ] Yes → 12b. Amount of Option A; 12c. Effective date of election

13a. Did employee have Option C - Family Insurance on date in item 8?
- [ ] No
- [ ] Yes → 13b. Effective date of election B6

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 B6 B6

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 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)	16f. Name and address of payroll office *(If different from that given in item 15e)*
16b. Typed name of certifying official	
16c. Title	
16d. Date / 16e. Telephone number *(Including area code)*	16g. Payroll office number
Remarks *(For agency use only)*	OPM use only

RELEASE IN PART
B6

U.S. Department of State

REQUEST FOR BUILDING PASS IDENTIFICATION CARD

Date *(mm-dd-yyyy)*

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)*		5. Dual Citizenship *(Specify Country)*	6. Gender	
[X] U.S. [ ] Other			[ ] Male [X] Female	
7. Applicant Home Address *(Street)*	8. Apt. Number	9. City	10. State	11. ZIP Code
12. Applicant E-Mail Address				
13. Employer Name		14. Employer Phone Number	15. Employer Fax Number	
U.S. Department of State				
16. Employer Address *(Street)*	17. Suite Number	18. City	19. State	20. ZIP Code
2201 C Street NW		Washington	DC	20520

REVIEW AUTHORITY:
Barbara Nielsen, Senior Reviewer

SPONSOR SECTION (21-34)

21. State Department Sponsor *(Printed Name)*	22. Sponsor Office Phone Number
Cynthia J. Motley	202-647-6040

23. Sponsor Type

[ ] EX [X] HR [ ] DIR [ ] CO [ ] COR [ ] Other _____ *(Specify)*

24. Sponsor Office Symbol

S/ES-EX

25. Type of Building Pass Requested

[X] 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)*

[X] Yes [ ] No

27. Contract Number	28. Contract Dates *(mm-dd-yyyy)*	29. Classified Contract
	To	[ ] 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)*

[X] 24 Hr./7 Day

31. Type of Access

[ ] Building Access Only

[X] Building and Computer Access

32. Sponsor Signature

Cynthia J. Motley

33. Date Signed *(mm-dd-yyyy)*

34. Sponsor DOS Building Pass Number

B6

PRIVACY 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 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 ☐ PIN Issued	B. Wiegand Badge Number Issued
C. SmartCard Badge Number Returned	D. Wiegand Badge Number Returned
E. Issuance Style - SmartCard ☐ New ☐ Lost ☐ Damaged ☐ Upgrade/Update ☐ Renewal ☐ Stolen ☐ Info Change ☐ Other	F. Issuance Style Wiegand ☐ New ☐ Lost ☐ Damaged ☐ Upgrade/Update ☐ Renewal ☐ Stolen ☐ Info Change ☐ Other
G. Badge Type - SmartCard	H. Badge Type - Wiegand

I. Current Clearance Level	J. Date Granted *(mm-dd-yyyy)*	K. Granting Agency

L. DSIS Operator	M. Operator Initials	N. DSIS Supervisor	O. Supervisor Initials

SPECIAL ACCESS/CLEARANCE CODES

☐ Add Bluestripe ☐ Remove Bluestripe **SSO USE ONLY** ☐ Briefed ☐ De-Briefed

A. SCI Clearance Verified as: ☐ Full-5 ☐ Proximity-4 ☐ None	B. Date Verified *(mm-dd-yyyy)*	C. Verified By *(Printed Name and Signature)*

☐ Add Orangestripe ☐ 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 _____ [redacted] B6

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

Acknowledgement of TCC Notice

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

_____ _____

Employee Signature Date

RELEASE IN PART
B7(C),B6

U.S.Department of State **FISCAL CLEARANCE FOR FINAL SALARY PAYMENT**	1. To *(Agency)* DoS	2. Type of Separation ☒ Resignation ☐ Other ☐ Retirement	3. Retirement System ☐ CSC ☐ FS ☐ 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	

B6

B6

B6

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			

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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

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

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

11. Remarks

Resignation due to change in agency leadership.

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

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) 2809	1-24-2013	
TCC - Temporary Continuation of Health Benefits Coverage (Cobra) - Letter	1-19-2013	
SF-2819 – Notice of Conversion Privilege (FEGLI)	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-F171
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)		

B6
B7(C)

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833751 Date: 11/05/2015

B6

RELEASE IN PART
B6

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.

2009 MAY 29 A 9:21

Signature

26 MAY, 2009
Date

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

OK TO FILE

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833751 Date: 11/05/2015

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833755 Date: 11/05/2015

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 (Name (Last)) CHERYL (First) D. (Middle) B6
2. _____ (Street Address) _____ (City) _____ (State) _____ (Zip Code)
3. _____ (Social Security Number) 4. (202) 647 - 5548 (Daytime Phone (Area Code and Number)) B6
5. S (Office Identification (Agency and Organization))

II. START OR CHANGE YOUR CONTRIBUTIONS

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

6. _____ .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. _____ (Participant's Signature) 10. 12 / 18 / 09 (Date Signed (mm/dd/yyyy))

V. FOR EMPLOYING OFFICE USE ONLY

11. 19-00-0003 (Payroll Office Number) 12. 12 18 09 (Receipt Date (mm/dd/yyyy)) 13. 12 20 09 (Effective Date (mm/dd/yyyy))
14. _____ (Signature of Agency Official)

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process this form. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector 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 (I/2009)
PREVIOUS EDITIONS OBSOLETE

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833755 Date: 11/05/2015

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833757 Date: 11/05/2015

RELEASE IN PART
B6

THRIFT SAVINGS PLAN
DESIGNATION OF BENEFICIARY

TSP-3

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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.

I. INFORMATION ABOUT YOU

1. Name MILLS, CHERYL D (Last / Middle) B6
2. TSP Account Number
3. Date of Birth (mm/dd/yyyy)
4. (202) 647-5548 Daytime Phone (Area Code and Number)
5. Address B6
6. City
7. State/Country
8. Zip Code B6

II. DESIGNATING YOUR BENEFICIARIES

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

1. Beneficiary Name (Last) (First) (Middle) Share: % B6
   Street address or box number B6
   City Country B6
   Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship B6

2. Beneficiary Name (Last) (First) (Middle) Share: %
   Street address or box number
   City State/Country Zip Code
   Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

3. Beneficiary Name (Last) (First) (Middle) Share: %
   Street address or box number
   City State/Country Zip Code
   Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

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

III. YOUR SIGNATURE

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

Participant's Signature — Date Signed: 04-26-09

IV. WITNESSES TO SIGNATURE

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

Witness 1: Lori McLean (Typed or Printed Name of First Witness) — Lori McLean (Signature of First Witness)

Witness 2: Nora Toiv (Typed or Printed Name of Second Witness) — (Signature of Second Witness)

Form TSP-3 (12/2008)
PREVIOUS EDITIONS OBSOLETE

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833757 Date: 11/05/2015

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 Huma Abedin **Current Office** _____

Last day in office _____ **Gaining Bureau or Post** _____

Forwarding Address _____

Personal E-mail _____ **Phone Number** _____

BUDGET AND TRAVEL OFFICE Rm. 7507 (Ext. 7-5946)	**Initial**	**Date**
Citibank 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 [redacted]		

B6
B7(C)

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 rentention responsibilities with bureau record officer		
Executive Office (S/ES-EX)		

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

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

OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

DESIGNATORY TO HANDLE YOUR BILLS AFTER DEPARTURE

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

_____ _____

Signature of Employee *Signature of Designee*

HUMAN RESOURCES OFFICE Rm.7507 (Ext. 7-5638)	Online	**Initial**	**Date**
Complete & deliver evaluations on supervised employees'	✓		
Did you receive a copy of your performance evaluation?			
~~SF-52~~			
~~DS-8~~			
~~Terminate Special Differential~~			
Separation Statement (OF-109)			
~~Passes: Building Pass/Ops Center~~		[illegible]	6/4/15
~~SF-2810 (Health Insurance-Change Plan when going overseas)~~			
SF-2821 (Life Insurance)		[illegible]	6/4/15
TSP Package		[illegible]	6/4/15
~~SF-2818 (Post Retirement Coverage)~~			
~~SF-2819 (Application for Refund of Retirement Deduction-CSRS)~~			
~~SF-2802 OR OPM-3106 (Refund of Retirement Contributions)~~			
~~OF-126 (Residence and Dependency Report)~~			
SF-278 (Financial Disclosure Report and Termination Certification Statement)	✓		
Timekeeper Notified		[illegible]	6/4/15
~~SF-8 (Unemployment Comp.)~~ yes.		[illegible]	6/4/15
~~Training (Cancel)~~		[illegible]	6/4/15
DS-1971 (Termination Certification Statement)			

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?

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833762 Date: 11/05/2015

OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

RELEASE IN PART
B7(C),B6

CHECK-OUT FORM

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

- 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 INITIA BY THE EMPLOYEE.***

EMPLOYEE INFORMATION

Name Abedin, Huma M **Current Office** Office of the Secretary

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

Forwarding Address [redacted] B6

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		

B6
B7(C)

SECURITY Rm. 5634 (Ext.-6-4848)	**Initial**	**Date**
S Bureau Security Check Out Form	Huma	13 Feb 13
Notify BSO of Departure Date 7TH floor access deletion	N/A	
Return QUICK2000 ESCAPE Mask only if leaving the Department	Huma	13 Feb 13
Provide BSO a list of all routinely accessed safes		
Schedule an SCI Debrief [redacted]		

B6
B7(C)

Schedule C/Political Appointees Rm. 7512 (Ext. 7-3574)	**Initial**	**Date**
Contact Clarence Finney , S/ES-CR x7-3574 for out processing	2-13-2013	CW
DS-1904 – Authorization for Removal of Personal Papers and Non-Record Materials (Contact Clarence Finney x7-3574)	cw	2-13-2013
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	RMM	2-14-13
Return all borrowed equipment (BB, RSA Token, Laptop, thumb drive, portable printer/scanner) to Mobile Solutions (Rm 7437; 7-8555 or 7-0811) open M-F, 7am-7pm	RMM	2-14-13
Turn in Secure Cell phone (Contact Purcell Lee x 7-1532)	RMM	2-14-13

DESIGNATORY TO HANDLE YOUR BILLS AFTER DEPARTURE

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

_____ _____

Signature of Employee *Signature of Designee*

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833762 Date: 11/05/2015

OFFICE OF THE SECRETARY
HUMAN RESOURCES OFFICE

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

B6
B7(C)

B6
B7(C)

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

Now is a good time to e-mail an introductory letter to your new 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		

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?

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

RELEASE IN PART
B7(C),B6

CLASSIFIED INFORMATION NONDISCLOSURE AGREEMENT

REVIEW —
AUTHORITY:
Barbara Nielsen,
Senior Reviewer

AN AGREEMENT BETWEEN ABEDIN, Huma M. AND THE UNIT

(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.)

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

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

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

SIGNATURE	DATE (mm-dd-yyyy)	SOCIAL SECURITY NUMBER (See Notice below)
[signature]	1/30/09	[redacted] B6

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)	SIGNATURE	DATE (mm-dd-yyyy)
[redacted] B6 B7(C)	01-30-2009		
NAME AND ADDRESS (Type or print)		NAME AND ADDRESS (Type or print)	
[redacted] B6 B7(C) Department of State 2201 C Street NW Room 1818 Washington, DC 20520			

SECURITY DEBRIEFING ACKNOWLEDGMENT

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

SIGNATURE OF EMPLOYEE	DATE (mm-dd-yyyy)

NAME OF WITNESS (Type or print)	SIGNATURE OF WITNESS

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)	2. Social Security Number	3. (For Agency Use)
ABEDIN, HUMA M		010101

4. Date and Nature of Separation	5. A. Subject to 5 U.S.C. 6304(B) (45 DAY LEAVE CEILING)	X YES	NO
02/01/13 RESIG-ILIA	B. Last Date Subject to 5 U.S.C. 6304(B)	C. Annual Leave Balance as of That Date (Hours)	

REVIEW AUTHORITY:
Barbara Nielsen, Senior Reviewer

6. Total Service for Leave (as of Date of Separation)

	More Than 15 Years
X	Less Than 15 Years (show) 12 Years 1 Months 22

SUMMARY OF ANNUAL AND SICK LEAVE

	MO	DAY	YEAR	Hours Annual	Hours Sick	Hours Restored
7. Carry over Balance From Prior Leave Year Ending	01	12	13			0.00
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
9. Total						0.00
10. Reduction in Credits, if any (current year)				0.00	0.00	
11. Total Leave Taken, Current Year Through Date of Separation				0.00	0.00	0.00
12. Balance						0.00
13. Total Hours Paid in Lump Sum (Includes _____ hours for holidays)						0.00
14. Salary Rate(s) Per Hour:				Earn: 62.06	Leave:	62.06

15. Lump Sum Leave Dates (If part-time tour, explain in remarks)		MO	DAY	YEAR	Hours
a. Restored	From				
	Thru				0.00
b. Annual Leave Above Ceiling	From				
	Thru				0.00
c. Annual Leave Within Ceiling	From				
	Thru				0.00

ABSENCE WITHOUT PAY

				Hours
16. During Leave Year in Which Separated				0.00
17. A. Date of Last Equivalent Increase	MO	DAY	YEAR	
B. Total AWOP Hours Since Last Equivalent Increase (except during military service and while in Receipt of OWCP Payment)				0.00

SUMMARY OF HOME LEAVE

	MO	DAY	YEAR
18. Basic Service Period of 24 Months of Continuous Service Abroad: Date Started			
Date Completed			
19. Current 12 Months Accrual Period Began on			
Hours Absent Without Pay Since That Date			
20. Current Balance (or accrual) as of	01	26	13
Number of Days			0.00
21. Twelve Months Accrual Date as of Date of Separation - Number of Days			

22. Dated Leave Used Prior 24 Months	FROM MO	FROM DAY	FROM YEAR	TO MO	TO DAY	TO YEAR

MILITARY LEAVE 23. During Current Calendar Year	FROM MO	FROM DAY	FROM YEAR	TO MO	TO DAY	TO YEAR
A. Regular -- Active Duty or Training						
B. Special -- Civil Disturbance						

24. Remarks (Include shore leave information, if applicable):

RESIGNATION ILIA 2/1/13
LEAVE PAYOUT

HEALTH CODE - [ ] ; LIFE-CODE - [ ] ; TSP SCD - [ ] ; TSP STATUS [ ] ; FSAHC - [ ] ; FSADC - [ ]

25. Certified Correct By: (Signature)
Jim M. Skinner

26. Title, Agency, Address, Telephone Number
US STATE DEPT/GFS/AMERICAN PAYROLL
1969 DYESS AVENUE, BLDG. 646A
CHARLESTON, SC 29405-5008
(843) 308-5626 (D) 308-5503 (O/S)

27. Date
APR 25 2013

B6

RELEASE IN PART B6

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]
Signature

1/23/2009
Date

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

OK TO FILE

FEGLI
Federal Employees Group Life Insurance

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)*
Abedin, Huma M

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

3. Social Security number

B6

4a. Event requiring certification
- [X] Separation *(includes resignation)*
- [ ] Retirement
- [ ] Death as an employee
- [ ] Had employee filed Application for Retirement *(SF 2801 or SF 3107)* with OPM?
  - [ ] No
  - [ ] Yes
- [ ] Death as a reemployed annuitant
- [ ] End of 12 months non-pay status
- [ ] Other *(Specify)*

4b. Employee's retirement system
- [ ] CSRS/FERS
- [ ] TVA
- [ ] DCRS*
- [ ] FSRS
- [ ] CIA
- [ ] FICA
- [ ] Other *(Specify)*

*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
- [X] On file in employee's Official Personnel Folder

B6

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

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)*
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)*
$129,517.00

11. Effective date of continuous coverage under the FEGLI Program *(If any break in service, list dates)*
01-22-2009

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

B6

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

B6

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)
Cynthia J. Motley

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

15c. Title
Administrative Officer

15d. Date
01-30-2013

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

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

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

Alpha code

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

Typed name of certifying official

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

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: [redacted] B6

Email: [redacted] B6

Telephone: [redacted]

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

Sincerely,

Huma M. Abedin

SSN: [redacted] B6

DOB:

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833774 Date: 11/05/2015

THRIFT SAVINGS PLAN
DESIGNATION OF BENEFICIARY

RELEASE IN PART B6

TSP-3

This form is designed to be read by an optical scanner. To ensure that your request is not delayed, carefully type or print the information requested, using black or dark blue ink. Leave a space between words, but not between the digits in your account number. Type or print legibly **inside** the boxes. If you print by hand, use simple block letters. (See examples in the instructions.) Limit your responses to the number of available boxes. Do not alter this form or the information you enter. Altered forms may be rejected.

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

I. PARTICIPANT INFORMATION

This applies to my: ☐ Civilian Account ☐ Uniformed Services Account ☐ Beneficiary Participant Account

1. ABEDIN HUMA M
   Last Name | First Name | Middle Name
2. TSP Account Number
3. Date of Birth (mm/dd/yyyy)
4. Daytime Phone (Area Code and Number) B6
5. ☐ Foreign address? Check here.
6. Street Address or Box Number (For a foreign address, see instructions on Page I-1.) B6
   Street Address Line 2
7. City
8. State
9. Zip Code B6

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

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

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

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

Participant's Signature — Date Signed (mm/dd/yyyy): 12/01/2011

Witness 1: Signature — Date Signed (mm/dd/yyyy): 12/01/2011 — Witness 1: Print Full Name: Cynthia J. Motley

Witness 2: Signature — Date Signed (mm/dd/yyyy): 12/01/2011 — Witness 2: Print Full Name: Shirley Gillmore

REMEMBER TO:

- Enter your full **Name** and **TSP Account Number** at the top of **each** page.
- Provide your signature and your witnesses' signatures above, along with the dates signed.
- Sign and date **each** page, and have your witnesses sign and date **each** page you complete.
- Complete each section in accordance with the instructions.
- Make a copy of this form for your records.
- Mail the completed form to the TSP. **Do not** submit this form to your agency or service.

Do Not Write Below This Line

PIIS0022870120000000PIIS

UNCLASSIFIED U.S. Department of State Case No. F-2015-05069 Doc No. C05833774 Date: 11/05/2015

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

RELEASE IN PART
B6

U.S. Department of State

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

B6

Social Security Number

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

4. Citizenship (If Other, Specify)
[X] U.S. [ ] Other

5. Dual Citizenship (Specify Country)

6. Gender
[ ] Male [X] Female

7. Applicant Home Address (Street)

8. Apt. Number

9. City

10. State

11. ZIP Code

B6

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)
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
[ ] EX [X] HR [ ] DIR [ ] CO [ ] COR [ ] Other _____ (Specify)

24. Sponsor Office Symbol
S/ES-EX

25. Type of Building Pass Requested
[X] 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)
[X] 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)
[X] 24 Hr. / 7 Day

31. Type of Access
[ ] Building Access Only
[X] Building and Computer Access

32. Sponsor Signature
Cynthia J Motley

Date Signed (mm-dd-yyyy)

34. Sponsor DOS Building Pass Number

B6

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

1838
2006

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

REQUEST FOR BUILDING PASS IDENTIFICATION CARD
(Continued)

DS/SSD/DSIS USE ONLY

A. SmartCard Badge Number Issued ☐ PIN Issued	B. Wiegand Badge Number Issued
C. SmartCard Badge Number Returned	D. Wiegand Badge Number Returned
E. Issuance Style - SmartCard ☐ New ☐ Lost ☐ Damaged ☐ Upgrade/Update ☐ Renewal ☐ Stolen ☐ Info Change ☐ Other	F. Issuance Style Wiegand ☐ New ☐ Lost ☐ Damaged ☐ Upgrade/Update ☐ Renewal ☐ Stolen ☐ Info Change ☐ Other
G. Badge Type - SmartCard	H. Badge Type - Wiegand

I. Current Clearance Level	J. Date Granted *(mm-dd-yyyy)*	K. Granting Agency

L. DSIS Operator	M. Operator Initials	N. DSIS Supervisor	O. Supervisor Initials

SPECIAL ACCESS/CLEARANCE CODES

☐ Add Bluestripe ☐ Remove Bluestripe **SSO USE ONLY** ☐ Briefed ☐ De-Briefed

A. SCI Clearance Verified as: ☐ Full-5 ☐ Proximity-4 ☐ None	B. Date Verified *(mm-dd-yyyy)*	C. Verified By *(Printed Name and Signature)*

☐ Add Orangestripe ☐ 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

OF-1838

[redacted] B6 B7(C)

From: [redacted] on behalf of DS_DO_ACS B6
Sent: Thursday, February 14, 2013 7:18 AM B7(C)
To: [redacted] DS_DO_ACS
Cc: DS PSS FILE ROOM; DS_SSO; Motley, Cynthia J; Gillmore, Shirley J [redacted]
Subject: [redacted] 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] B6 B7(C)

DS/DO/DFP
U.S. DEPARTMENT OF STATE
ALUTIIQ INTERNATIONAL SOLUTIONS
OFFICE: [redacted] B6 B7(C)

From: Wallen, Henry C
Sent: Thursday, February 14, 2013 6:35 AM
To: [redacted] DS_DO_ACS B6
Cc: DS PSS FILE ROOM; DS_SSO; Motley, Cynthia J; Gillmore, Shirley J; [redacted] B7(C)
Subject: SCI Debrief - ABEDIN

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

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

ABEDIN, Huma M., xxx-xx[redacted] (S) B6

-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] B6 B7(C)

U.S. Department of State

SEPARATION STATEMENT

RELEASE IN PART
B7(C),B6

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.

[redacted]
Signature of Interviewing Officer

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

[redacted]
Typed Name of Interviewing Officer

Department of State
Post/Department

[redacted]
Signature in Presence of Interviewing Officer

[redacted]
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

B6
B7(C)

B6

B6
B7(C)

OF-109
06-2005

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

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

SIGNATURE	DATE (mm-dd-yyyy)	SOCIAL SECURITY NUMBER (See Notice below)
[signature]	2/13/2013	n/a [redacted]

B6

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

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)
[signature]	2/13/2013

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

B6
B7(C)

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: B6

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 B6

Email Address:

Clearance/Certification: None

Assignment Restrictions: N/A

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer

Place of Birth City: State: EB6

County: Country: US United States

Physical Description

Height: Hair Color: Eye Color: B6

Weight: Race: B6

Filenoom Location: SEP-E 2014

Remarks: See email traffic in Security File 2/6/2014 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. B6 B7(C)

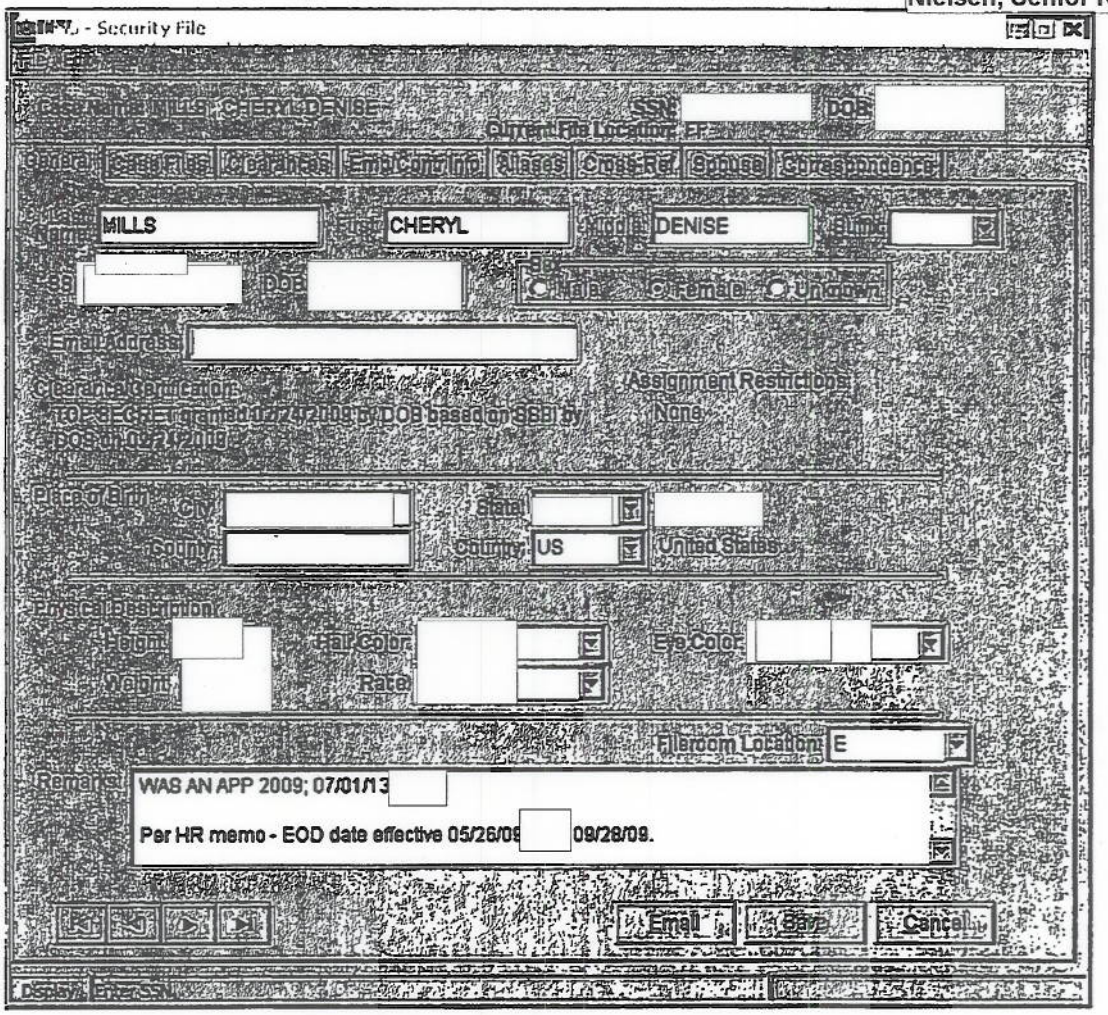
Email Save Cancel

Display Enter SSN

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

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

REVIEW AUTHORITY: Barbara Nielsen, Senior Reviewer



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PIV Card _____ Exp _____

Last Day _____ Cancel _____

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

PAGE(S) MISSING

RELEASE IN PART
B7(C),B6

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 relatio the Department or Agency.

11. (U) I have read this Agreement carefully and my questions, if any, have been answered to my satisfaction. I acknowledge that the briefing officer has made available Sections 793, 794, 798 and 952 of Title 18, United States Code, and Section 783(b) of Title 50, United States Code, and Executive Order 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 Order13526; or any successor thereto, Section 7211 of Title 5, United States Code (governing disclosures to Congress); Section 1034 of Title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosures to Congress by members of the Military); Section 2302(b)(8) of Title 5, United States Code, as amended by the 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), 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 641, 793, 794, 798, and 952 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

'SI' 'G' 'TK' 'HCS'

(Special Access Programs by Initials Only)

[redacted] Mills, Cheryl D DoS (S)

SSN (See Notice Below) Printed or Typed Name Organization

B6

BRIEF Date

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

Signature of Individual Briefed

DEBRIEF Date

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

Signature of Individual Briefed

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

[redacted] [redacted]

[redacted] DoS

Printed or Typed Name Organization (Name and Address)

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B7(C)

(U) 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, as amended. 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.

FORM 4414 (Rev. 12-2013)

Page 2 of 2