

**COMPONENT RECORDS MANAGEMENT CHECKLIST FOR PROCESSING THE DEPARTURE
OF PRESIDENTIAL APPOINTEES AND SENIOR OFFICIALS**

SECTION I - COMPONENT ACTIONS

ACTION	DATE COMPLETED (YYYYMMDD)
1. Has the Component notified the OSD Records Administrator of the official's departure?	
2. Has the official been briefed or given the proper documentation concerning how to obtain approval for removal of potentially non-record materials to exclude personal documents (as defined in Administrative Instruction 15, Enclosures 2 and 7)?	
3. Has the official been given the Departing Employee Checklist to review?	
4. Has the component head informed the departing official of his/her obligations to ensure all records to include mission e-mails and calendar are made accessible in an electronic filing location?	

SECTION II - COMPONENT RECORDS MANAGEMENT OFFICER (CRMO) ACTIONS

5. Has the CRMO coordinated with the OSD Records Administrator to meet with the departing official within at least 4 weeks prior to departure?	
6. Has the CRMO given all necessary guidance to the official and his/her staff?	
7. Have all materials that the departing official desires to take with him/her or donate to an outside institution been properly prepared (hard copy and electronic) for review? Has the material been submitted for review? Are materials eligible for donation?	

a. SECURITY OFFICE REVIEW

(1) AUTHORIZED FOR RELEASE (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	(2) NAME OF REVIEWER (Last, First, Middle Initial)	(3) SIGNATURE
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b. OFFICE OF GENERAL COUNSEL REVIEW

(1) AUTHORIZED FOR RELEASE (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	(2) NAME OF REVIEWER (Last, First, Middle Initial)	(3) SIGNATURE
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c. COMPONENT RECORDS MANAGEMENT OFFICE

(1) AUTHORIZED FOR RELEASE (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	(2) NAME OF REVIEWER (Last, First, Middle Initial)	(3) SIGNATURE
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d. OSD RECORDS ADMINISTRATOR

(1) AUTHORIZED FOR RELEASE (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	(2) NAME OF REVIEWER (Last, First, Middle Initial)	(3) SIGNATURE
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8. Will the official be donating personal papers to a Government or private institution? a. If Yes, name of institution:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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b. Has the official coordinated with DoD General Counsel for the deed of gift?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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9. Has the departing official sent an e-mail to the IT Office granting the official's office full access to the necessary PST files?	DATE COMPLETED (YYYYMMDD)
10. Have electronic filing locations been provided to the CRMO and the official's office?	

SECTION III - CERTIFICATION

I hereby certify that no documents, either electronic or paper, are being removed that have not been subject to review.

11. NAME OF DEPARTING OFFICIAL (Last, First, Middle Initial) AND SIGNATURE	12. OFFICE DEPARTING FROM	13. DEPARTURE DATE (YYYYMMDD)
14. NAME OF COMPONENT HEAD (Last, First, Middle Initial) AND SIGNATURE	15. NAME OF CRMO (Last, First, Middle Initial) AND SIGNATURE	