

# INSTALLATION CLEARANCE RECORD

For use of this form, see AR 600-8-101; the proponent agency is DCS, G1

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Section 301, Title 5, USC.  
**PRINCIPAL PURPOSE:** To ensure soldier readiness before PCS. To complete clearance verification before transition from active duty, transfer to another Service or Component, separation, discharge, or retirement.  
**ROUTINE USES:** To close out installation personnel and finance records. To ensure that debt to the government and its instrumentalities is identified and that action is taken to obtain payment before the soldier's transition from active duty, separation or retirement. Forms will not be disclosed outside the Department of Defense (DoD) and DoD sponsored agencies.  
**DISCLOSURE:** Disclosure is voluntary; however, failure to complete this form may result in only partial payment of final pay.

**INSTRUCTIONS TO THE SOLDIER:** This out-processing packet is designed to assist you and the installation in completing your final clearance as accurately and expeditiously as possible. It is your responsibility to complete this checklist properly. If you are separating or retiring from the Active Army, failure to complete this checklist correctly and entirely will result in you receiving 55 percent of your final pay pending verification by DFAS of any outstanding debts. Activities marked with an @ require clearance for all soldiers separating or retiring from the Active Army, including AGR personnel. Activities marked with an asterisk (\*) require clearance for soldiers departing on PCS. Activities not marked will be cleared per installation instructions. This checklist must be completed before your final military pay appointment. Separation payments will not be released until installation clearance is completed. Provide any additional information in Remarks, block 17.

### SECTION A - PERSONNEL DATA (To be completed by the commander, S1, processing control station, or appointed official)

1. NAME MASON, GARY II	2. RANK CPT	3. ORDERS NO. C4-095-012
4. GAINING UNIT HHC LOGISTICS MANAGEMENT LEE VA	5. LOSING UNIT 8TH TSC	6. DATE OF ORDERS (YYYYMMDD) 2012/06/04
7. REASON FOR CLEARING <input checked="" type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER (Specify)		8. DEPARTURE DATE (YYYYMMDD) 2012/06/10

### SECTION B - INSTALLATION STANDARD CLEARANCES

9. INSTALLATION ACTIVITY	10. YES	11. DEBT AMOUNT	12. NO	13. TYPED NAME	14. TELEPHONE NO.	15. SIGNATURE
a. PERSONNEL INFORMATION @* <i>See S1</i>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Elida Parra</i> 808 433-6801	655-8413	<i>[Signature]</i>
b. MEDICAL FACILITY @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	TROOP IMMS CLINIC		<i>[Signature]</i>
c. DENTAL FACILITY @*	<input type="checkbox"/>	JUN 06 2012	<input checked="" type="checkbox"/>	<b>Na Koa Dental Clinic, HI</b>	68-6855	<i>[Signature]</i>
d. TRANSPORTATION OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Transportation (808) 655-1868		<i>[Signature]</i>
e. CENTRAL ISSUE FACILITY @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	CENTRAL ISSUE FACILITY CIF SB	655-9876	<i>[Signature]</i>
f. EDUCATION CENTER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	CARINA.AROYO		<i>[Signature]</i>
g. SECURITY OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<i>F. RICAFOUR</i>	655-4493	<i>[Signature]</i>
h. HOUSING OFFICE @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<b>IPC CLEARED</b>	275-3770	<i>[Signature]</i>
i. ARMY COMMUNITY SERVICES CENTER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Army Community Svc. 655-4227		<i>[Signature]</i>
j. COMMERCIAL ACTIVITIES @* <i>You sign here →</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Mason II, Gary</i>	388-9186	<i>[Signature]</i>
k. TRAINING AIDS CENTER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	JOHN.KANESHIRO		

**FINAL CLEARANCE**  
**JUN 05 2012**  
 SCOTT BARRON  
 USAG-HI

**CENTRAL CLEARANCE**  
*[Handwritten initials]*



**SECTION B - INSTALLATION STANDARD CLEARANCES (Continued)**

9.	10.	11.	12.	13.	14.	15.
INSTALLATION ACTIVITY	YES	DEBT AMOUNT	NO	TYPED NAME	TELEPHONE NO.	SIGNATURE
i. CHILD AND YOUTH SERVICES/SCHOOL LIAISON OFFICER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<b>CYS / SLO</b>	655-5314	
m. LIBRARY @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	DONNA.SVIANTEK		
n. EFMP-ACS (BLDG 2091) *	<input type="checkbox"/>		<input checked="" type="checkbox"/>	MISONG.LEE		
o. BEHAVIORAL HEALTH CHECK COMPLETED @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<b>Warrior Behavioral Health-Annex Bldg 672 2nd floor 808-433-8880</b>		
p. INSTALLATION PBO @ <b>USAG-HI DOL IPBO</b>	<input checked="" type="checkbox"/>	<i>0</i>	<input checked="" type="checkbox"/>	<i>Dawn Hunter</i> Property Book Officer	656-1586	<i>Stephanie Paces</i>
q. OUT-PROCESSING CONTROL STATION @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<i>See # 16</i>		
r. OUTDOOR RECREATION CENTER @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<i>SCHOFIELD BARRACKS</i>	655-0143	<i>6/5/12</i>
s. POST DEPLOYMENT HEALTH REASSESSMENT @*	<input type="checkbox"/>		<input checked="" type="checkbox"/>	TROOP IMMS CLINI C		
t. SCHOFIELD BARRACKS POLICE @* <i>VEH Reg</i>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<b>SB PMO</b>	655-9660	
u. VETERINARY CLINIC @* <b>SBVTF CLEARED</b>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<i>Crystal Figueroa</i>	655-5851	<i>Captain</i>
v. Has the soldier completed ACAP processing? @	<input type="checkbox"/>		<input type="checkbox"/>	MI SONG LEE	655-8840	

16. REMARKS:  
YOUR FINAL OUT APPT IS 8 JUN@1500 BLDG 750 RM 103

**SECTION C - MILITARY PAY PROCESSING**

17. MILITARY PAY CLEARANCES	a. MILITARY PAY OFFICE	b. TYPED NAME	c. TELEPHONE NO.	d. SIGNATURE	e. DATE (YYYYMMDD)
(1) Travel Pay Processing @*		<i>Booth</i>	<i>655-5813</i>		<i>6/20/12</i>
(2) Separation Pay Processing @*					
(3) Debt Processing @					

**SECTION D - PROCESSING CONTROL STATION**

18a. Does the soldier have a signed, authenticated, and dated Service Member Deployment History Out-processing Verification form? @* YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	b. TYPED NAME <i>Elida Perez</i>	c. TELEPHONE NO. <i>808-655-8813</i>	d. SIGNATURE 	e. DATE (YYYYMMDD) <i>20120606</i>
19. Has the soldier completed out-processing? @* YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	a. TYPED NAME MI SONG LEE	b. TELEPHONE NO. 655-8840	c. SIGNATURE 	d. DATE (YYYYMMDD)