

APPENDIX XII

**FEDERAL BUREAU OF INVESTIGATION
REPORT OF LOST OR STOLEN PROPERTY
PROPERTY MANAGEMENT MATTERS**

Date: _____

To: _____

From: _____

Reported by: _____

Cost Center: _____

Circumstances: Stolen Lost Other _____

Description: _____

Asset Classification: _____ Acquisition Cost: _____

Manufacturer: _____ Serial Number: _____

Model Number: _____ Asset Number: _____

Confidential Property Non-confidential Property

Yes No Did this item contain sensitive/classified information?
(If "yes," attach required information. See MIOG, Part II, Section 26-13.1.)

Yes No Has this item been entered into NCIC? (If "no," please explain on attachment.)

Yes No Has administrative action been taken regarding this matter?

Yes No Have you advised the FBIIQ Security Program Manager?

Property was last assigned/charged-out to: _____

Details or explanation regarding the circumstances of this report:
(Continued on separate sheet if necessary):

Recommendation of Accountable Property Officer (APO):

Signature of APO

Signature of Supply Technician

APPENDIX XIII

Report of Exit and Separation
FD-193 (Rev. 1-10-94)

TO:		DATE:			
FROM:					
Name of Employee		EOD Date	Title		
Last Local Address		Forwarding Address (Include Zip Code, if known)			
Cease-active-duty Date (hour and last day physically at work)		Working Hours (include workweek if other than Monday - Friday)			
Interview Conducted by (Signature)		Title			
<p>READ BEFORE INTERVIEWING</p> <p>Purposes: Serves as a basis (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement.</p> <p>When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.</p> <p>Reasons Given for Separation: The reason that the employee documented on the SF-52 and the electronic entry of same into BPMS, should be placed in only one corresponding category of reason.</p>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 01 <input type="checkbox"/> Return to Home Area 02 <input type="checkbox"/> Homesick for Family and Friends 03 <input type="checkbox"/> Unable to Adjust to City Environment 04 <input type="checkbox"/> Living Costs 05 <input type="checkbox"/> Transportation 06 <input type="checkbox"/> Housing 07 <input type="checkbox"/> Concern Over City Life (Crime, Etc.) 08 <input type="checkbox"/> Dissatisfaction with Assigned Duties 09 <input type="checkbox"/> Dissatisfaction with Support Supervision 10 <input type="checkbox"/> Dissatisfaction with Agent Supervision 11 <input type="checkbox"/> Dissatisfaction with SAC/ASAC Management 12 <input type="checkbox"/> Assignment Other Than Anticipated or Promised 13 <input type="checkbox"/> Dislike of Production or Work Standards 14 <input type="checkbox"/> Dislike Performing Overtime 15 <input type="checkbox"/> Dislike Shift Assignment 16 <input type="checkbox"/> Working Conditions 17 <input type="checkbox"/> State Government - Promotional Prospects 18 <input type="checkbox"/> State Government - Better Salary 19 <input type="checkbox"/> State Government - Career Change (Indicate only if otherwise completely satisfied with FBI employment.) 20 <input type="checkbox"/> Other Federal Government - Promotional Prospects 21 <input type="checkbox"/> Other Federal Government - Better Salary 22 <input type="checkbox"/> Other Federal Government - Career Change (Indicate only if otherwise completely satisfied with FBI employment.) </td> <td style="width: 50%; 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<p>A. Comments: If employee is transferring to another government agency, state what agency transferring to, the address, and when employment will begin. (If not stated by employee on the SF-52) .</p>					

- B.** Employee was advised by interviewing official that employment information beyond, name, past and present positions, titles, grades, salaries, duty stations, and reason for separation as shown on the Notification of Personnel Action may be disseminated if a prospective employer is a Federal Agency or a state or local agency within the criminal justice community, without the written consent of the employee. Yes No
- C.**
1. Did employee violate terms under transfer agreement, 3-34b Yes No; Foreign Assignment, FD-382 Yes No; Government Employees' Training Act Yes No; Transportation Expense Agreement, 3-591? Yes No
 2. Did employee resign prior to expiration of any agreement made not covered in #1, such as to remain a specific period following initial appointment or following special training? Yes No If yes, specify agreement(s) involved and explain.
 3. If FBIHQ support employee, did employee resign within 182 days of entrance on duty owing advanced salary? Yes No
 4. If answer to either question 1 or 3 above is "yes" and/or employee has advanced leave:
 - a. Will the employee be indebted to the U.S. Government? Yes No To be determined If "yes": How does employee intend to discharge this debt? _____
 - b. Advise employee that interest can be charged on overdue payments at the current Treasury rate.
 - c. Advise employee any money due will be held in abeyance until determination is made as to any indebtedness.
 - d. Advise Bureau of resignation, Attention: Payroll Administration and Processing Unit on _____ by teletype telephone.
 - e. Advise Bureau of resignation, Attention: Accounting Section on _____ by teletype telephone.
- D.** Does employee have any specific suggestion for improving the organization? Yes No If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down, the employee should be so advised.)
- E.** Employee has been afforded a debriefing by his/her respective Security Officer. Yes No (If No, explain why.)
- F.** All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: Honorary FBIRA card, commendation, censure or promotion letters or copies of expense vouchers, etc.) Yes No
- G.** If employee is resigning for maternity purposes, appropriate block must be marked:
- Even though the employee may be incapacitated for duty following the cease-active-duty date, she is not entitled to a lump sum payment for sick leave.
 - Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
 - Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)
- H.** Was employee instructed that if enrolled under any of the plans under Special Agents Mutual Benefit Association (SAMBA) coverage (except for Disability Income Protection (DIP)) continues for 31 days from the last day of pay period in which an allotment was made? If employee desires to continue any of the coverages except Disability Income Protection, he/she should immediately contact the SAMBA Office, 11301 Old Georgetown Road, North Bethesda, Maryland 20852 Yes No
- I.** Was employee instructed that if enrolled under any of the plans under Special Agents Trust for Travel Insurance (SATI) coverage continues for 31 days from the last day of pay period in which an allotment was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. If employee desires to continue any of these coverages (except the Long-Term Disability), he/she should immediately contact Wright & Co., Suite 1100, 1400 Eye Street, N.W., Washington, D.C. 20005 Yes No
- J.** Was employee advised that any inquiries concerning his/her FBI employment should be directed to FBI, JEH Building, Washington, D.C. 20535, as such information is not available elsewhere? Yes No
- K.** The retiring employee merits and desires the less than 10-year plaque less than 20-year plaque 20-year plaque 25-year plaque 30-year plaque Credential or ID to be mounted. Property to be mounted will be submitted on _____
- L.** Has there been any substantial change in employee's work performance record since submission of last performance rating? Yes No If Yes, give current adjective rating and basis for change.
- M. For SA Employees Only.** Employee was presented with Form FD-755 regarding release of personal information. Yes No (If No, explain why.)
- N. For SA Employees Only.** Does employee understand that favorable consideration may not be given for reinstatement unless reason(s) for resigning were compelling and beyond employee's control? Yes No
- O.** Employee was presented with the Standard Form 8, "Notice to Federal Employee About Unemployment Insurance", at this time. Yes No (If No, explain why.)
- P.** Recommendations re reinstatement: Yes No (If No, explain why.)

Please have employee read and sign items 1, 2, 3, and 4; however, if resignation tendered during personnel action inquiry, advise employee of the Bureau's procedures for employee discipline and have employee sign items 1, 2, 3, 4, and 5.

1. I understand that this is a voluntary resignation and, as such, may, under applicable law, disqualify me totally or in part from receiving unemployment compensation.

Signature

2. I hereby waive my rights under the Privacy Act of 1974, 5 United States Code 552a, and authorize the FBI to release to any state unemployment compensation commission, or other such governmental agency, information from my personnel records concerning my separation from duty for the limited purpose of providing information to that agency so that it might assess my qualifications for unemployment compensation.

Signature

3. I understand that I have two options regarding my health benefits coverage.

The first option is that after my 31 days of free coverage has ended, I may convert my health coverage to an individual plan with no waiting period for benefits.

The other option is that I may continue my health benefits coverage by paying the employee share and the government share of the premium, plus an additional two percent administrative fee. Further information regarding continuation of health benefits may be obtained by calling the Employee Benefits Unit (EBU), FBIHQ, (202) 324-3771. This request must be received by EBU within 60 days after separation from the Bureau.

Signature

Date

4. I understand that Federal Law prohibits former Government employees from retaining Government property, including classified and/or sensitive information. I understand that I may be prosecuted for possession of classified (as defined in MIOG, Part II, Section 26) or sensitive (as defined in MIOG, Part II, Section 16-18.8.1 (1)) information. I affirm that I have returned all classified and/or sensitive information in my custody.

Signature

Date

5. I understand that I am the subject of a personnel action inquiry. Depending on the outcome of this inquiry, my position with the FBI could be terminated. I have been advised of and understand the Bureau's procedures for employee discipline and that these procedures allow me the opportunity to rebut any allegations and recommendations of my supervisor or other FBI official. Also, I understand that these procedures allow me to demonstrate any facts tending to mitigate my actions. I fully understand that it is not at all certain, at this time, that I will be dismissed. Nevertheless, I am hereby voluntarily resigning and, therefore, freely giving up the opportunities provided by the FBI disciplinary procedures.

Signature

GENERAL

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals supplying information for completion of the Report of Exit and Separation Form.

AUTHORITY

Title 28, Code of Federal Regulations, section 0.137, authorizes the Director of the FBI to exercise power and authority vested in the Attorney General by law to take final action in matters pertaining to the employment, direction and general administration of personnel in the FBI.

PURPOSES AND USES

Information concerning your reason for leaving the FBI will be placed on your final Notification of Personnel Action and will be furnished to prospective employers upon their request. This information may also be used to determine your suitability for reinstatement in the FBI should you apply for reemployment.

EFFECTS OF NONDISCLOSURE

Disclosure of the information requested is voluntary; however, failure to supply the information may result in no reason being given for your separation from the FBI on your Notification of Personnel Action and/or your not being considered favorably for reinstatement.

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date: _____

I certify that I have received and/or returned the government property acknowledged below for official use:

RECEIVED:

FBI Identification Card No. _____
Special Agent Badge No. _____
Special Agent Credential Card No. _____
Support Employee Credential Card No. _____
Contractor/Task Force/Other Credential Card No. _____
Key No. _____ Hook No. _____ Room No. _____
Government Credit Card No. _____
Telephone Calling Card No. _____
Cellular Telephone No. _____
Laptop Computer No. _____
Bullet Proof Vest _____
Other _____

RETURNED

Reason for Returning: Absence for Maternity Reasons Transfer Military Leave Resignation Retiring

FBI Identification Card No. _____
Special Agent Badge No. _____
Special Agent Credential Card No. _____
Support Employee Credential Card No. _____
Contractor/Task Force/Other Credential Card No. _____
Key No. _____ Hook No. _____ Room No. _____
Government Credit Card No. _____
Telephone Calling Card No. _____
Cellular Telephone No. _____
Laptop Computer No. _____
Bullet Proof Vest _____
Other _____

READ
The government property which you hereby acknowledge
is charged to you and you are responsible for taking care of
it and returning it when its use has been completed.
**DO NOT MARK OR WRITE ON IT OR MUTILATE
IT IN ANY WAY.**

(Signature)

(Typed Name)

(SSN)

**REQUIREMENTS AND CERTIFICATION FOR
CANNIBALIZATION AND DESTRUCTION OF EQUIPMENT**

REQUIREMENTS

After Bureau authority is granted cannibalization and destruction of equipment for the purpose of obtaining parts to repair a like item is permitted when all of the following conditions are met:

1. Repair of broken or worn parts is not possible.
2. Required parts are not available from other units previously cannibalized.
3. Required parts are not available from Government excess. (Government excess means any personal property under the control of any Federal Agency which is not required for its needs to the discharge of its responsibilities, as determined by the head thereof.)
4. The parts are not available from commercial or Government supply sources or it is not practical to obtain the required parts from commercial sources because of obsolescence, excessive price or extraordinary lead times.
5. The benefit realized from cannibalization exceeds the estimated trade-in or sale value of the unit being considered for cannibalization.
6. A signed statement, approved by a reviewing official, indicating the actions taken to verify the above conditions is made part of the file supporting the removal of the cannibalized item from property records, and such information is made available upon request to General Accounting Office and Department auditors.
7. In accordance with General Services Administration authorization, dated _____.

CERTIFICATION

In conditions, as set forth above have been made to the best of my knowledge with regard to the equipment listed below and on FD-508, SF-126, or SF-120, Number _____, dated _____. This equipment should therefore be removed from inventory and the parts will be used for the repair and maintenance of similar equipment.

Name	
Position Title	
Office	Date
Reviewed by	

Item Description
Property Number
Serial Number

APPENDIX XVI

D-96 (8-12-80)	FBI PROPERTY PASS	Date Issued
This pass is to be used whenever property is removed from the building. It is to be properly filled in, signed and handed to the guard when leaving the building.		
Name and Signature of individual removing property from the building		
Description of Property being removed, including serial & model	Property Number	
Signature of Section Chief	Cost Center	
Reason Property is being removed	Property belongs to	
Replacement Property, including serial & model (if appropriate)	Pass Good Until	
Signature of Individual returning property & date	Signature and Title of person authorizing removal of property	
Signature of Property Custodian receiving property and date		

APPENDIX XVII

STANDARD FORM 122 JUNE 1974 GENERAL SERVICES ADMINISTRATION FPMR (41 CFR) 101-32.906 FPMR (41 CFR) 101-43.315		TRANSFER ORDER EXCESS PERSONAL PROPERTY				1. ORDER NO. 2. DATE	
3. TO: GENERAL SERVICES ADMINISTRATION*			4. ORDERING AGENCY (Full name and address)*				
5. HOLDING AGENCY (Name and address)*			6. SHIP TO (Consignee and destination)*				
7. LOCATION OF PROPERTY			8. SHIPPING INSTRUCTIONS				
9. ORDERING AGENCY APPROVAL A. SIGNATURE B. DATE			10. APPROPRIATION SYMBOL AND TITLE				
C. TITLE			11. ALLOTMENT		12. GOVERNMENT B/L NO.		
13. PROPERTY ORDERED							
GSA AND HOLDING AGENCY NOS. (a)	ITEM NO. (b)	DESCRIPTION <i>(Include noun name, FSC Group and Class, Condition Code and, if available, National Stock Number)</i> (c)	UNIT (d)	QUANTITY (e)	ACQUISITION COST		
					UNIT (f)	TOTAL (g)	
14. GSA APPROVAL		A. SIGNATURE		B. TITLE		C. DATE	
FOR GSA USE ONLY	AGENCY AND LOCATION			FSC	CONDITION	SOURCE CODE	
	AGENCY	STATE	ZIP				

*Include ZIP Code

122-112

APPENDIX XVIII

CHARGE-OUT RECORD OF NONEXPENDABLE PROPERTY

Status	Item	Property Number	Serial Number	Name Print and Sign	Prop. Cust. Initials	Date
Charged Out						
Returned						
Charged Out						
Returned						
Charged Out						
Returned						
Charged Out						
Returned						
Charged Out						
Returned						
Charged Out						
Returned						
Charged Out						
Returned						