| 61 FSS NAF EMPLOYEE OUT-PROCESSING CHECKLIST | | |
|--|----------------|--|
| NAME (Last, First, MI): | OFFICE SYMBOL: | |
| NATURE OF ACTION: | DATE: | |

SUPERVISORS: Dispose Supervisor Employee Work Folder (AF 971) as specified in AFMAN 34-310 section 2.7.3. Please ensure that all items listed below have been returned.

| Equipment, uniform, nametag. |
|---|
| All keys |
| Government Travel Card |
| (Initial) I certify that I have changed the activities safe combination and have forwarded the applicable |
| paperwork to Resource Management for filing in the Life of the Fund. |
| All other Government Credit Cards |
| *Supervisor's please forward eRPA to NAF Human Resources Office |

SUPERVISOR SIGNATURE

DATE

COMMENTS:

ACTIVITIES: Please ensure that there are no open items for the employee listed above.

| | BUILDING | FLOOR | SIGNATURE | DATE |
|-----------------------------|----------|----------|-----------|------|
| CDC (FSFC) | 281 | | | |
| CLUB (FSCC) | 270 | 1 | | |
| IT (FSR) | 272 | 2 | | |
| NAF ACCOUNTING OFFICE (FSR) | 272 | 2 | | |
| OUTDOOR RECREATION (FSCO) | 229 | 1 | | |
| YOUTH CENTER (FSFY) | Ft. Mac | | | |
| SECURITY MANAGER | 272 | 2 | | |
| TRAINING MANAGER | 272 | 2 | | |
| AFGE | 270 | 1,A1-101 | | |

COMMENTS:

HUMAN RESOURCES: Please ensure that all items listed below have been returned.

_ CAC Card _____ Area Badge _____ Separation Feedback Form

If Regular, brief employee on all benefit options

| | ENROLLED | WAIVED | | | ENROLLED | WAIVED | TERM FORM |
|--------------------------|----------|--------|-------------|------------|----------|--------|------------------|
| Health /Dental Insurance | | | 401(K) | | | | |
| Life Insurance | | | NAF Retirem | nent | | | |
| Provide SF-8 to EE | | | | Process DC | PDS | | |
| Pull SF 1150-Leave Repo | ort | | | Mail OPF | | | |

HRO REPRESENTATIVE

DATE

COMMENTS:

EMPLOYEE SIGNATURE

UPDATED JAN 2017



SEPARATION INTERVIEW

Please answer the following questions with genuine honesty. This information will help management strive to make the 61st Force Support Squadron a great place. This form will not be filed in your official personnel records.

| Employee Name: | Position Title: |
|-------------------|------------------|
| Activity: | PP-Ser-Gr: |
| Supervisor: | Pay Per Hour: |
| Appointment Date: | Separation Date: |

Reason for Separation:

How were your working conditions? (*Did you have the proper supplies, tools, training, etc., you needed to perform your duties? Were you treated fairly by your Supervisor?*)

What did you like most about your job?

What did you like least about your job?

Suggested improvements we could make to your job?

Would you consider working for the 61 FSS again?

SIGNATURE

DATE

We appreciate your comments and wish you luck in your future endeavors 61 FORCE SUPPORT SQUADRON LOS ANGELES AIR FORCE BASE, CA