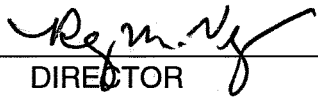


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Employee Separation Clearance	POLICY NO: AD-HR-06	Page 1 of 2
RESPONSIBILITY: All Employees		
APPROVED BY:  DIRECTOR	EFFECTIVE: NOV 16 2018	
	LAST REVIEWED/REVISED:	

PURPOSE

To establish a procedure for employees who are separating or leaving the Guam Behavioral Health and Wellness Center (GBHWC).

POLICY

- A. All employees leaving Guam Behavioral Health and Wellness Center shall be processed and cleared prior to his/her last day of work. Employees who are leaving GBHWC and the Government of Guam will submit two (2) completed forms to the GBHWC Personnel Office or alternate.
 1. GBHWC Employee Separation Clearance Form
 2. Government of Guam Department of Administration Employee Separation Clearance Form

PROCEDURE

1. Employees resigning will provide a written notice of resignation at least two (2) weeks prior to their last working day in order to allow a reasonable amount of time to arrange and transfer ongoing workloads.
2. Within the week of the employee's departure or the week following after the employee's separation, the GBHWC Employee Separation Clearance Form and if applicable, the Government of Guam Department of Administration Employee Separation Clearance Form should be picked up from the GBHWC Personnel Office or alternate.
3. Clearance with the Supervisor will include the following to be completed before the effective date of the employee's separation:
 - a. Completion of Performance Evaluation
 - b. Confirmation of accountable/proprietary documents and property are returned to their original source
 - c. The departing employee had cleared and cleaned their designated office space
 - d. Completion of any incomplete assignment, job task, responsibility, duties, etc.; or
 - e. Contingency plan of transition for ongoing assignments, job tasks, responsibility, duties, etc. to another employee designated by the Supervisor.
4. Clearance with Maintenance and Facilities Operation:
 - a. Surrender office keys
 - b. Gas card
5. Clearance with Medical Records, if applicable:
 - a. Medical records checked out must be returned.
6. Clearance with Management Information Systems (MIS):
 - a. Computer access termination
 - b. Government of Guam E-mail termination
 - c. Computer, laptop, and other property returned and not damaged
7. Clearance with Financial Management:
 - a. Clearance with DOA-Travel
 - b. Any outstanding financial obligation

- c. If applicable, Termination of AS400 Access through the completion of DOA Financial Management System (BACIS) Security Authorization Request to Delete Old User
8. Clearance with AWARDS, if applicable:
 - a. AWARDS access termination
9. Clearance with Safety and Security:
 - a. Informed and notified of employee's separation
10. Clearance with Directors Office:
 - a. Informed and notified of employee's separation
11. Clearance with Personnel Office or alternate:
 - a. Exit Interview (Voluntary)
 - b. Review of contents from departmental jacket
 - c. Surrender of GBHWC Employee's Identification Badge
 - d. Submittal of completed Employee Separation Clearance Form
 - e. Submittal of completed Government of Guam Department of Administration Clearance Form, if applicable.
12. The Employee shall be responsible for the completion of and obtaining the clearances listed on the Government of Guam Department of Administration Employee Separation Clearance Form.
13. Retirement Fund withdrawals are handled by the separating employee with the Retirement Office. The Personal Action from the Department of Administration will be needed in this process.
14. The Employee is responsible for informing the Department of Administration (Human Resource, Payroll, and Treasurer of Guam) and the Government of Guam Retirement Fund of their forwarding address and contact numbers.

REFERENCE(S):

RELATED POLICY (IES):

SUPERSEDES: Employee Separation Clearance; ORG-PER-8-1;7/10/1991; Marilyn L. Wingfield, Ph.D.

ATTACHMENT(S):

GBHWC Employee Separation Clearance Form
Government of Guam Department of Administration Employee Separation Clearance



GUAM BEHAVIORAL
HEALTH AND WELLNESS
CENTER

EMPLOYEE SEPARATION CLEARANCE FORM

NAME OF EMPLOYEE: _____

POSITION TITLE: _____

EFFECTIVE DATE OF SEPARATION: _____

DIVISION/SECTION: _____

FORWARDING ADDRESS, E-MAIL & CONTACT NO.: _____

TYPE OF SEPARATION:

Resignation Retirement Termination Other: _____

The separating employee shall personally clear with the following Division/Branch Supervisor and this form must be submitted to the GBHWC Personnel Office.

	Division/Branch	Cleared	Verified By:	Contact No.	Date
1.	Employee's Supervisor	Yes No			
2.	Facility Operations	Yes No			
3.	Medical Records	Yes No			
4.	Management Information System (MIS)	Yes No			
5.	Financial Management	Yes No			
6.	AWARDS: Termination of Access.	Yes No			
7.	Security and Safety	Yes No			
8.	Director's Office	Yes No			
9.	Personnel Office	Yes No			

I, the above-named employee separating from Guam Behavioral Health and Wellness Center, a line agency of the Government of Guam, acknowledge that clearance from the above signatures to be true and correct.

Separating Employee Signature and Date



GOVERNMENT OF GUAM
 (GUBETNAMENTON GUAHAN)
 DEPARTMENT OF ADMINISTRATION
 (DIPATTAMENTON ATMENESTRASION)
 (Dibision Inadilanto Yan Guinaha Para Taotao)
 Post Office Box 884 * Hagåtña, Guam 96932
 TEL: (671) 475-1122/1286 * FAX: (671) 475-1243

EMPLOYEE SEPARATION CLEARANCE

NAME: _____ SSN (LAST 4) : _____
 POSITION TITLE: _____
 DEPARTMENT / SECTION: _____ HOME PHONE : _____

THE SEPARATING EMPLOYEE MUST PERSONNALLY CLEAR WITH THE FOLLOWING DEPARTMENTS IN THE ORDER BELOW:

PLEASE NOTE: YES Indicates the employee has an outstanding obligation due to the agency or pending clearance. NO Indicates the employee is cleared with NO outstanding obligations.

	DEPARTMENT	OBLIGATIONS		CLEARED BY	CONTACT NUMBER	DATE
		YES	NO			
1.	Employee's Department/Agency					
2.	Department of Revenue and Taxation, Collections Branch					
3.	Office of the Attorney General-Child Support Enforcement Division, 7TH FLOOR ITC					
4.	Guam Memorial Hospital Authority, Patient Affairs Department					
DEPARTMENT OF ADMINISTRATION						
5.	Admin. Services and Records Br., DOA, HR Div. (Line Agency Employees ONLY) 2ND ITC					
6.	IT Clearance, Data Processing Division HAGATNA					
7.	Insurance Clearance, Division of Personnel Management 1st ITC BUILDING					
8.	Training and Development Branch (APPRENTICE EMPLOYEES ONLY) 2ND ITC					
9.	Travel Section, Accounts Receivable, Division of Accounts, 2 nd Floor, Room 204 7TH FLOOR ITC					
10.	Treasurer of Guam, Distribution Window, Ground Floor 1ST ITC BUILDING					

***IF AN EMPLOYEE HAS AN OBLIGATION PENDING, PLEASE NOTE STATUS ON HOW PAYMENT IS MADE, OR AN ATTACHMENT EXPLAINING STATUS.**

The undersigned employee hereby acknowledges the above-mentioned certification to be true and correct.

 EMPLOYEE'S SIGNATURE

 DATE

**DEPARTMENT OF ADMINISTRATION
FINANCIAL MANAGEMENT SYSTEM (BACIS)**

MEMORANDUM

TO: FINANCIAL MANAGER, Division of Accounts

FROM: _____

SUBJECT: Security Authorization Request

CHECK ONE OF THE FOLLOWING:

New User

Delete Old User

Additional Access

NAME: _____

LAST

FIRST

M.I.

*** _ ** _

Last 4-Digits of Soc Sec Number

Employee Job Title _____

Contact No(s). _____

BROWSE THE FOLLOWING FUNCTIONS:

General Ledger Records

Encumbrance Records

Appropriation Records

Closed Period Records

Revenue Records

Prior Years Menu

Transaction Browse / Summary

Budget Allotment Schedule

Fixed Assets System

Reference Files Menu

F.G.I.A. System

Other: _____

Unposted Transactions

AGENCY DATA ENTRY

DPW Tipping Fee

Payroll Timekeeper:

C&Q Invoices

_____ Dept/Division No.

BUDGET MENU

Accounts Establishment (DOA only)

Appropriation / Allotment Releases (BBMR)

*** FOR DOA ACCOUNTING ONLY ***

Accounting Data Entry Menu

Accounts Payable Records

A/R Menu

Misc. Receivables / Payables Menu

Fixed Assets System Menu

Vehicle Management System Menu

Accounting Reports Menu

Reference Files Menu

Treasurer of Guam payments / DOA
TPS (Transaction Processing System)

Other: _____

APPROVED

DISAPPROVED

REQUESTOR: _____

DEPARTMENT / AGENCY HEAD SIGNATURE

Director, DEPARTMENT OF ADMINISTRATION

PRINT NAME: _____

Financial Manager, DIVISION OF ACCOUNTS

Alternate Official (Print Name): _____

Conditions and acceptance of User ID and Password by employee:

The User ID/Password is authorized for the employee's exclusive use and is Government property. This password must be safeguarded and protected from unauthorized persons. Use of the ID and password by other than the employee is an unauthorized use and could be prosecuted under Guam law.

Employee Acceptance of Agreement: _____

FOR DIVISION OF ACCOUNTS USE ONLY

FORM AS400ID
(Updated 11/2017)

User I.D.: _____

Password: _____

This form is not to be modified in any manner and is not valid unless presented in original form.

General:

The **Financial Information Resource Management (FIRM/400)** - formerly the AS400 Financial Management System (BACIS) - Security Authorization Request Form is used by authorized individuals to apply for access to the AS400 Financial Management System. The form is completed by the requesting department or agency staff and submitted to the Department of Administration's Division of Accounts.

Responsibility:

Primary responsibility for the completion of the Security Authorization Request Form belongs to the requesting department or agency. The form must be completed by filling the required information and marking all the boxes pertaining to the request for access.

Box 1

FROM - Enter the name of the requesting department or agency.

Box 2

CHECK ONE OF THE FOLLOWING - Check the box applicable to the request.

[New User] - For new employees of the requesting department

[Delete (old) User] - For existing employees who are no longer with the requesting department or agency.

[Additional Access] - For existing employees of the requesting department or agency who are requesting to access additional screens, functions and/or options available in the AS400 Financial Management System (BACIS).

NAME - Enter the employee's Last Name, First Name and Middle Initial.

S.S.N. - Enter the employee's complete Social Security Number.

EMPLOYEE JOB TITLE - Enter the employee's official job title. This is important should there be questions about specific accesses being requested.

EMPLOYEE CONTACT NO. - Enter the employee's contact number. This is important should there be questions about information on the form.

Box 3

BROWSE THE FOLLOWING FUNCTIONS - All options under this selection are standard access. This is browsing only and does not allow data entry.

AGENCY DATA ENTRY - These options are for specific data entry access and are requested by selecting one of the following:

[DPW Tipping Fee] - This option is reserved for select employees. You must contact the Division of Accounts to specify your reason for access to this option.

[Payroll Timekeeper]* - This option is for Timekeepers of the requesting department or agency. The department and division number MUST BE indicated.

***NOTE:** Additional access must be requested directly from the Division of Accounts Payroll Branch immediately AFTER the access to the AS400 Financial Management System (BACIS) is completed.

[Fixed Assets Data Entry] - This option is reserved for the employees of the Division of Accounts Fixed Asset Branch only.

BUDGET MENU - This option is reserved for the Department of Administration and the Bureau of Budget and Management Research.

Box 4

REQUESTOR - The Department or Agency Head must sign their signature in this field.

PRINT NAME - The Department or Agency Head who signed the form must print their name in this field.

APPROVED and DISAPPROVED - These boxes are reserved for the Financial Manager of the Division of Accounts.

Signature Fields for the Director, Department of Administration and Financial Manager, Division of Accounts - These boxes reserved for the signature of the Deputy Director of DOA and the Financial Manager of the DOA's Division of Accounts.

Employee Acceptance of Agreement - This field is for the employee (for whom the request is for) to sign after reading the "Conditions and acceptance of User ID and Password by employee".

Box 5

FOR DIVISION OF ACCOUNTS ONLY - Upon approval, the "User ID" and "Password" is assigned and completed in this field.

After the completion of this form, the requesting department or agency must submit the original form (no copies needed) to the Department of Administration's Division of Accounts. The form will be reviewed by the Financial Manager's staff and approved by the Financial Manager.

After approval, the form is sent to the Dept of Administration's Data Processing Division for establishment and/or update.

NOTE: Incomplete and/or questionable forms will be returned to the requesting department or agency. This will create unnecessary delays in the processing.

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER
REVIEW AND ENDORSEMENT CERTIFICATION**

RECEIVED BY
288
SEP -4 PM 1:11
120#090418-004
HEALTH & WELLNESS

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy and Procedure

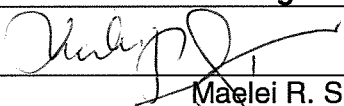
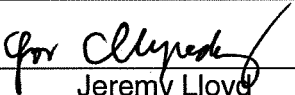
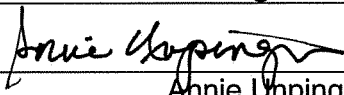
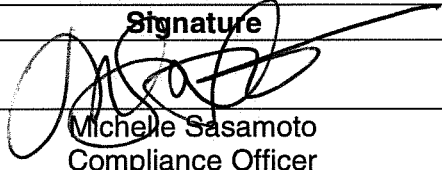


Submitted by: Human Resources

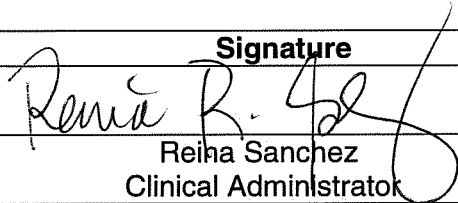

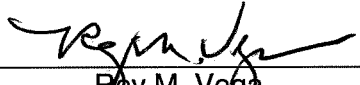
Protocol/Form

Policy No: AD-HR-06

Bylaws

Title: Employee Separation Clearance

Reviewed/Endorsed Title	Date	Signature
	8/7/2018	
	Name Title	Maelei R. Sampson Human Resources
Reviewed/Endorsed Title	Date	Signature
	8/8/2018	
	Name Title	Jeremy Lloyd Acting Nurse Administrator
Reviewed/Endorsed Title	Date	Signature
	8.27.18	
	Name Title	Annie Unpingco CASD Administrator
Reviewed/Endorsed Title	Date	Signature
		
	Name Title	Michelle Sasamoto Compliance Officer
Reviewed/Endorsed Title	Date	Signature
	8/7/18	
	Name Title	Cydsel Toledo Quality Improvement Coordinator
Reviewed/Endorsed Title	Date	Signature
	08/09/18	
	Name Title	Dr. Ariel Ismael Medical Director

Reviewed/Endorsed Title	Date	Signature
	9/30/2018	
	Name Title	Reina Sanchez Clinical Administrator
Reviewed/Endorsed Title	Date	Signature
	SEP 17 2018	
	Name Title	Benny A. Pinaula Deputy Director
Reviewed/Endorsed Title	Date	Signature
	NOV 16 2018	
	Name Title	Rey M. Vega Director