

Form FHA 021-4

**UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT
HARRISBURG, PENNSYLVANIA**

TO:

ISSUE NO. 324

**State Office
(Admin Staff Only)**

STATE PROCEDURE NOTICE

DATE: April 14, 2011

RURAL DEVELOPMENT MANUAL CHANGES

RD Instruction 2024-B, Property and Supply, Subpart B – Identification Cards and Other Government Property Items:

This PN is issued to supplement RD Instruction 2024-B, Section 2024.82, Clearances, page 3.

Human Resources will issue a “Supervisory Duties for Separating Employees” Letter, which includes “Final Salary Payment Report”, Form AD-139, “Timekeeper Instructions for Separated Employees” and the “Delete User Request Form for Separated Users”, to each separating employee’s supervisor. The Supervisor will collect all appropriate items at their location, certify receipt of the identified items, notify appropriate Property Custodian of this information (when separating employee is either a Property Custodian, Accountable Property Officer or Property Management Officer, be sure to follow procedures in RD Instruction 2024-H, paragraph 2024.361, Change of Accountability), and return the Form AD-139 (with attachments) to Human Resources.

INSERT: PA PN 324, dated April 14, 2011, page 1, and Exhibit 1 (pages 1-6).

§2024.82 Clearances.

Use Form AD-139, "Final Salary Payment Report," to clear employees of accountability for ID cards, property, and other items.

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United States Department of Agriculture
Rural Development
Pennsylvania

Date

TO: Supervisor Name
Title
_____ Office
_____, PA

SUBJECT: Supervisory Duties for Separating Employee
_____ Name _____, retirement/separation/reassignment, date

A “Final Salary Payment Report”, Form AD-139, is attached (Attachment A). Please initial the appropriate blocks and attach the appropriate card(s), etc. Complete the certification block of the form by signing as the Supervisor.

Please ensure that the timekeeper completes the “Timekeeper Instructions for Separated Employees”, Attachment B. The Leave Audit should be mailed to Human Resources, along with the completed Form AD-139, after the employee separates.

A request to delete computer ID’s must be completed in order to make sure all computer accesses are deleted for the employee. A “Delete User Request Form for Separated Users” is attached as Attachment C, and may also be retrieved from the following web address: http://teamrd.usda.gov/rd/pa/Link%20Files/Separated_User_Form.pdf. Please mail the original form to Human Resources **ASAP**.

If the employee is a Property Custodian for the office, please ensure the Transfer of Property procedures are followed in accordance with RD Instruction 2024-H. Attach copies of signed Transfer of Property Form to the Form AD-139.

In accordance with the new Performance Management System, please complete a performance appraisal in EmpowHR **as soon as possible** and send Human Resources a copy of the completed appraisal, unless the individual is under a current performance plan for less than 90 days.

Supervisor Name

If the employee is due a lump sum annual leave payment, it will not be processed until all of the above are received.

Additionally, please have the employee reset their telephone Security Code for Voicemail to a generic number of “6789” for the State Office, and “1234” for the Area Offices, in order to avoid costly service charges to our Agency to reset the Security Code.

If you have any questions, please feel free to contact anyone in Human Resources.

NAME

Human Resources Assistant

Attachments:

- A. “Final Salary Payment Report”, Form AD-139
- B. Timekeeper Instructions for Separated Employees
- C. “Delete User Request Form for Separated Users”

Supervisor Name

cc: Asst. to the State Director/MCO, Harrisburg, PA
Budget Analyst, Harrisburg, PA
ISSS-POC, Harrisburg, PA
ITS, Group Manager, Harrisburg, PA

FINAL SALARY PAYMENT REPORT		EMPLOYEE NAME LAST NAME, FIRST NAME
Administrative Offset Procedures permit holding final paycheck and/or leave until accountable documents are returned.		SEPARATION DATE (LAST DAY OF PAY STATUS) mm/dd/yyyy
AGENCY USDA Rural Development	ORGANIZATIONAL UNIT Office Location	
ITEMS REQUIRING CLEARANCE PRIOR TO FINAL SALARY PAYMENT		
1. TRANSPORTATION REQUESTS <i>NO LONGER ISSUED</i>	8. PROPERTY Suprv. Initials _____ Accountable Property (i.e., keys, cell phones, blackberries, laptops, docking stations, printers, cameras, etc., & any equipment kept off-site, list equipment & initial as received)	
2. IDENTIFICATION CARDS <input type="checkbox"/> a. USDA IDENTIFICATION – LINCPASS and/or ID (AD-53) <input type="checkbox"/> b. OFM/NFS USER ID <input type="checkbox"/> c. OTHER (SPECIFY) Attach Card, # _____, Suprv. Initials _____		
3. GOVERNMENT BILLS OF LADING <i>NO LONGER ISSUED</i>	9. FUNDS – IF APPLICABLE <input type="checkbox"/> a. TRAVEL ADVANCE <input type="checkbox"/> b. FIELD PARTY ADVANCE <input type="checkbox"/> c. IMPREST FUND ADVANCE <input type="checkbox"/> d. COLLECTION OFFICER RECEIPTS <input type="checkbox"/> e. OTHER (SPECIFY) _____	
4. PARKING PERMIT State Office Employees Only: Attach Tag, # _____, Suprv. Initials _____		
5. DRIVERS LICENSE (GOVERNMENT) <i>NO LONGER ISSUED</i>	10. GAO EXCEPTION - IF APPLICABLE	
6. CREDIT CARDS <input type="checkbox"/> a. GASOLINE <input type="checkbox"/> b. TELEPHONE <input type="checkbox"/> c. VISA-TRAVEL <input type="checkbox"/> d. VISA-PURCHASING <input type="checkbox"/> e. OTHER (SPECIFY) Attach Card, # _____, Suprv. Initials _____	11. FISCAL LIABILITY - IF APPLICABLE	
7. OTHER ACCOUNTABLE DOCUMENTS (SPECIFY)	12. SERVICE AGREEMENTS FULFILLED – IF APPLICABLE <input type="checkbox"/> a. TRANSFER OF OFFICIAL STATION <input type="checkbox"/> b. FIRST POST OF DUTY <input type="checkbox"/> c. TRAINING	
	2. OTHER INDEBTEDNESS – IF APPLICABLE <input type="checkbox"/> a. ADVANCED S/L <input type="checkbox"/> b. ADVANCED A/L <input type="checkbox"/> c. ADVANCED COMP _____	
REMARKS: _____ (e. g., telephone Security Code reset to "6789" for State Office Employees and "1234" for Area Office Employees) SUPRV. INITIALS _____		
LEAVE BALANCES - A/L _____ S/L _____ COMP TIME _____ ATTACH LEAVE AUDIT, SUPRV. INITIALS _____.		
Employee: Do you wish to have an exit interview? <input type="checkbox"/> YES; <input type="checkbox"/> NO Signature: _____ Date: _____		
CERTIFICATION: I certify that the identified items have been checked against official records, except as noted, the above-named employee has properly accounted for each item. Action has been taken to revoke existing delegations of authority and any assignment under the Department's position schedule bond.		
ITEMS BEING CERTIFIED <i>(List by No. Below)</i>	SIGNATURE AND TITLE OF OFFICIAL MAKING CERTIFICATION	DATE
#, #, #, #	Supervisor's Name and Signature	mm/dd/yyyy
#, #, #, #	Personnel - Human Resources Manager	mm/dd/yyyy
#, #, #, #	Administrative Program Director	mm/dd/yyyy
#, #, #, #	Finance-Budget Analyst	mm/dd/yyyy

TIMEKEEPER'S INSTRUCTIONS FOR SEPARATED EMPLOYEES

All timekeepers must complete an AD-717, "Audit for Leave Year", showing sick and annual leave accrued and used for the leave year for all separated employees.

Using WebTA, go to the **T&A Profile** under T&A Maintenance. Under the "Status Change" section use the drop down arrows to change the "Status Change Type" to **End** and the "Status Change Day" to the final day the employee worked. In the Miscellaneous section check the **Final Report box**. If the employee is not in pay status the entire Pay Period, the leave accrual amounts may need to be changed under **Leave**.

WARNING: When preparing a FINAL T&A, you **MUST** print the T&A before certifying. If you wait until the T&A has been certified, it will no longer be available in WebTA to print.

Along with the "Audit for Leave Year", print out and send the validated T&A summary showing the leave earned and used for the employee's last working pay period, as the WebTA leave audit will not show this.

RD Pennsylvania



Delete User Request Form for Separated Users Fillable

This form is utilized for separating users.
 Complete all fields and email or fax this form to Raquel Herzog or Trudy Moore for processing.

Name <input style="width: 90%;" type="text"/>		Submission Date <input style="width: 90%;" type="text"/>	
Effective Date of Separation <input style="width: 90%;" type="text"/>			
System ID	User ID	System ID	User ID
<input type="checkbox"/> Computer Log-in	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> FFIS	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> NITC	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Remote Access/VPN	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> GLS	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> FOCUS	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> MortgageServ	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> RD Contacts	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> MFIS	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> CAIVRS	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Web UNIFI	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> NORF	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> REO/Foreclosure	<input style="width: 95%;" type="text"/>	<input type="checkbox"/> <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Hyperion (formerly BRIO)	<input style="width: 95%;" type="text"/>	Comments or Special Requirements <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
<input type="checkbox"/> RULSS	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> Imaging	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> CPAP	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> NFC - TRAVEL	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> NFC - STAR	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> FDW	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> ADPS (K, V, M, S)	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> AMAS (V, M, S)	<input style="width: 95%;" type="text"/>		

Supervisor Signature	Date	Employee Signature	Date
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For ISSS-POC Use	
Submitted to Logbook: _____	Request Completed: _____
Rural Development Pennsylvania Revised: November 29, 2007	