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 ☐ 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 FBIIIQ 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

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

TO: **FROM:**	**DATE:**	
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	

READ BEFORE INTERVIEWING

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.

When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.

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.

01 ☐ Return to Home Area
02 ☐ Homesick for Family and Friends
03 ☐ Unable to Adjust to City Environment
04 ☐ Living Costs
05 ☐ Transportation
06 ☐ Housing
07 ☐ Concern Over City Life (Crime, Etc.)
08 ☐ Dissatisfaction with Assigned Duties
09 ☐ Dissatisfaction with Support Supervision
10 ☐ Dissatisfaction with Agent Supervision
11 ☐ Dissatisfaction with SAC/ASAC Management
12 ☐ Assignment Other Than Anticipated or Promised
13 ☐ Dislike of Production or Work Standards
14 ☐ Dislike Performing Overtime
15 ☐ Dislike Shift Assignment
16 ☐ Working Conditions
17 ☐ State Government - Promotional Prospects
18 ☐ State Government - Better Salary
19 ☐ State Government - Career Change (Indicate only if otherwise completely satisfied with FBI employment.)
20 ☐ Other Federal Government - Promotional Prospects
21 ☐ Other Federal Government - Better Salary
22 ☐ Other Federal Government - Career Change (Indicate only if otherwise completely satisfied with FBI employment.)
23 ☐ Private Industry - Promotional Prospects
24 ☐ Private Industry - Better Salary
25 ☐ Private Industry - Career Change (Indicate only if otherwise completely satisfied with FBI employment)
26 ☐ Self-Employment

30 ☐ Military
31 ☐ Poor Health (Self)
32 ☐ Poor Health (Family)
33 ☐ Marriage
34 ☐ Maternity
35 ☐ Attend School
36 ☐ Change of Residence (Husband or Family Moving)
37 ☐ Housewife or Child Care
38 ☐ Mandatory Retirement
39 ☐ Reduction -in- Force (RIF)
40 ☐ Resignation Requested/Removal (All Involuntary Resignations)
41 ☐ Abandonment of Position (Failed to Submit Resignation)
42 ☐ Resigned During Administrative Inquiry
43 ☐ Optional Retirement (Including Liberalized)
44 ☐ Disability Retirement
45 ☐ Death
46 ☐ Other

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) .

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. ☐ Advised employee that interest can be charged on overdue payments at the current Treasury rate.

c. ☐ Advised 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.

FD-281 (Rev. 9-24-99)

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)

FD-519 (Rev. 7-12-84)

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

FBI/DOJ

0-96 (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

STANDARD FORM 122 JUNE 1974 GENERAL SERVICES ADMINISTRATION FPMR (41 CFR) 101-32.306 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 *(Include noun name, FSC Group and Class, Condition Code and, if available, National Stock Number)* (c)	UNIT (d)	QUANTITY (e)	ACQUISITION COST UNIT (f)	ACQUISITION COST TOTAL (g)

14. GSA APPROVAL	A. SIGNATURE	B. TITLE	C. DATE

FOR GSA USE ONLY	AGENCY AND LOCATION				FSC	CONDITION	SOURCE CODE
	AGENCY	STATE					

**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	Dat
Charged Out						
Returned						
Charged Out						
Returned						
Charged Out						
Returned						
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