

STAFF-IN-CONFIDENCE (After first entry)

AC 849
Revised Jun 2007

Department of Defence

Tri-Service Separation Clearance

- To be fully completed and returned to your Transition Coordinator at final interview.

			Enlistment date	Separation date
Employee ID	Service number	Family name	Given name(s)	
Service	Rank	Employment category		
Unit or establishment		Separation authority	Contact phone number after discharge	
Postal address after discharge				

Health clearance

(If separating on invalidity grounds, please take form DM 042 - Invalidity Retirement from the Defence Force Medical Information with you to your final medical examination)

Separation health examination				
Date attended	Medical classification	Consulting physician	Senior Medical Officer (SMO) number	
Clearing officer				
Signature	Printed name	Appointment	Contact phone	Date
Final dental examination			Unit medical record	
Date	Time	Dental classification	Forwarded to records <input type="checkbox"/>	
			Issued to member (Transfer) <input type="checkbox"/>	
Clearing officer				
Signature	Printed name	Appointment	Contact phone	Date

Final stores clearance

(Tick as applicable)	Comments			
<input type="checkbox"/> Camp store				
<input type="checkbox"/> Clothing store				
<input type="checkbox"/> Naval stores				
<input type="checkbox"/> Q store				
Clearing officer				
Signature	Printed name	Appointment	Contact phone	Date

Resettlement officer

I certify that this member has been briefed on their Career Transition Assistance Scheme (CTAS) entitlements.				
Signature	Printed name	Appointment	Contact phone	Date

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Members MPAC or Orderly room

Personnel administration				
<input type="checkbox"/> Leave audit completed <small>(DI(G) ADMIN 60-2)</small>	<input type="checkbox"/> Unit or establishment clearances completed and copy attached	<input type="checkbox"/> Official passport collected <small>(DI(G) ADMIN 32-2)</small>		
Signature	Printed name	Appointment	Contact phone	Date
Pay representative				
<input type="checkbox"/> DISPAY completed				
Signature	Printed name	Appointment	Contact phone	Date

Members unit or ship *(Army must be in accordance with DI(A) PERS 10-2)*

<input type="checkbox"/> Farewell interview with CO	<input type="checkbox"/> Security debrief	<input type="checkbox"/> ROMAN debt cleared		
Signature	Printed name	Appointment	Contact phone	Date

Member's declaration - *(If 'No' or 'Not applicable', please provide comment)*

I have submitted my application form(s) to ComSuper	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
I have applied to the Department of Veteran Affairs (DVA) for claims under Military Compensation and Rehabilitation Service (MCRS) or Veterans' Entitlement Act 1986 (VEA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
I have contacted the Defence Housing Authority and made appropriate arrangements in respect to Service Accommodation, removal and items in storage.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Relief Trust Fund loan - completed or alternative arrangements made.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Smart Salary - finalised, Smart Salary must be notified of new contact details. (adeterminations@smartsalary.com.au)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Frontline debts finalised and/or Frontline notified of new contact details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
I have surrendered my Defence Travel Card and/or my Defence Purchasing Card and advised corporate.cards@defence.gov.au	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Note: To surrender the card, destroy the card by cutting it in half through the magnetic strip and email the Corporate Card Support Cell, using the email address above. The Card Holder should ensure all outstanding transactions (uncoded transactions and unresolved disputes) have been fully processed in the CMS, or if this is not possible, make arrangements for someone to do this on their behalf.				
Member's signature	Printed name	Mobile phone	Contact phone	Date

ADFTC Case Manager

Interim certificate issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Form XP 101 or XP 157 signed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
ID card withdrawn	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Spouse or dependant access card withdrawn	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Retired member's ID card issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
PMKeyS action completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Signature	Printed name	Appointment	Contact phone	