

## RECORDS CHAIN OF CUSTODY FOR DEPARTING STAFF

NAME OF DEPARTING STAFF		OFFICE	DATE (mm/dd/yyyy)
DATE RANGE OF WORK-RELATED RECORDS (mm/dd/yyyy)		NAME OF SUPERVISOR OF DEPARTING STAFF	
TO:	FROM:		

## DESCRIPTION AND LOCATION OF RECORDS

[illegible]

(continued on next page)

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I certify that I have complied with all of the requirements of Records Management by Federal Agencies (44 U.S.C. Chapter 31).

I have turned over to my successor, or to the appropriate official, all Federal records for which I was responsible during my employment.

I am aware of my responsibility for the continued protection and transfer of Federal records maintained by me in connection with my employment, and I am aware that the unauthorized disclosure of such information is punishable by Federal law.

DEPARTING EMPLOYEE'S SIGNATURE	DATE (mm/dd/yyyy)
DEPARTING EMPLOYEE'S SUPERVISOR'S SIGNATURE	DATE (mm/dd/yyyy)

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