INSTRUCTIONS
DOE Security Clearance Extended Absence Waiver

PURPOSE OF FORM

This waiver applies to cleared employees including students, contractors and consultants requesting their DOE Security Clearance remain active while on an extended medical absence. This waiver enables the Sandia Personnel Security Clearance Office to request an individual's clearance to remain active during an authorized medical extended absence.

Medical Extended Absence: Individual is going out for surgery, cancer treatments, drug/alcohol rehabilitation treatments, or other medical ailments that require professional medical treatment that the **individual** is suffering from and will be unable to attend work during this time period.

This waiver is specific to requesting the clearance remain active during a medical extended absence. This does not have any bearing on the individual's actual employment status. To ensure employment status is not affected, a leave of absence must still be handled directly through the Human Resources department of the company the individual works for in addition to submitting this request to the clearance office.

This waiver will not be submitted to DOE for processing until a completed SF 2730-RMC Request to Maintain DOE Security Clearance During an Extended Absence has been submitted to the SNL/NM Personnel Security Clearance Office by the SNL manager.

DOE utilizes the information provided on this waiver to further determine if an individual should be authorized to maintain their clearance while on an extended medical absence. DOE will file all submitted waivers in the clearance holders DOE Personnel Security File. Contents in an individual's DOE Personnel Security File are maintained and reviewed periodically by DOE.

HOW TO SUBMIT THIS FORM

Upon completion of all fields submit form to the SNL/NM Personnel Security Clearance Office.

Fax: (505) 844-9739 **or**

E-mail: clearance-nm@sandia.gov
Clearance paperwork becomes Official Use Only (OUO) and Personally Identifiable Information (PII) information when completed. OUO/PII information must be encrypted with Entrust when transmitted over a network (including e-mail). Fax completed clearance paperwork if you do not have Entrust.

Sandia National Laboratories

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APPLICANT INFORMATION

Last Name:	*First Name:*	*Middle Name:*	*Department Number:*

EXTENDED ABSENCE INFORMATION

- DOE M 472.2 Personnel Security, requires that a DOE Security Clearance be terminated when "the individual is on a leave of absence or on extended leave and will not require access to classified information or matter or Special Nuclear Material for 90 consecutive calendar days."
- At the request of my manager, a waiver exception to the termination may be submitted to DOE.
- DOE requires that the specific medical condition, illness or diagnosis for the absence is provided to them in the waiver request submitted to their office for approval.
- Disclosure of my medical information does not guarantee that my waiver will be approved by DOE.

PLEASE CHECK ONLY ONE BOX BELOW

☐ **No, I do not wish to disclose my medical condition.**
I fully understand the above extended absence information and further understand that failure to disclose my medical condition may cause DOE to deny this extended absence waiver which would result in my DOE Security Clearance being terminated when my extended absence has been 90 consecutive calendar days.

☐ **Yes, I will disclose my medical condition.**
I hereby agree to provide the specific medical condition, illness or diagnosis in the space below for my extended absence to be used by DOE in consideration of maintaining my DOE Security Clearance while I am on extended leave.

The medical condition/illness/diagnosis for my extended absence is:

My signature certifies that I have read and understand all of the above information:

_____ _____
Signature *Date*

OFFICIAL USE ONLY
May be exempt from public release under the Freedom of Information Act (5 U.S.C. 552), exemption number and category:
#6-Personal Privacy.

Department of Energy review required before public release

Name/Org: Joanne M. Trujillo/4249-1 Date: 04/01/2012

Guidance (if applicable) _____