



**PERSONNEL SECURITY PACKAGE COVER PAGE**



To be completed by the servicing HR Team/COR. Please complete all sections.

**Section 1: Appointee Information**

Legal First Name:	Legal Middle Name:	Legal Last Name:	Suffix:
Social Security Number:	Date of Birth:	Citizenship:	If "Other," please specify:
Place of Birth:	City	State (if USA) or Country	
Email Address:	Phone Number:		
Home Address:	Street		
	City	State	Zip Code

**Section 2: Appointment Information**

Appointment Type:  Federal  Contractor  Other: \_\_\_\_\_ (e.g., Intern)  
Duration:  Permanent  Term  Less than 180 days  
 Senate Confirmed - Political Appointee - Should have adjudicated investigation. HR will obtain POC(s) and include with checklist to assist PSB with reciprocity.  
 Other Political Appointee (Non-Senate Confirmed: i.e., Agency appointed SES) - Process similar to Federal Permanent position.  
Position Title: \_\_\_\_\_  
Agency: \_\_\_\_\_ Org Code (DOI ONLY): \_\_\_\_\_  
Duty Location: \_\_\_\_\_  
City State Zip Code  
Remote Worker:  Yes\*  No \*If "Yes" - verify City and State are correct in Section 1 above.  
Position Sensitivity - [OPM PDT tool must be used](#): \_\_\_\_\_  
Security Clearance - Must provide PDR with justification if clearance required: \_\_\_\_\_  
Supervisor/GTL Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Servicing HR Specialist/COR Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Servicing HR Assistant Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Hiring Official Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section 3: System Access & Credential**

System Access Required:  Yes  No Credential Required:  Yes  No  
Suggested Credential Ship to: \_\_\_\_\_  
City State

**Section 4: Contract Information (DOI Contractors ONLY)**

Vendor Name	Contract Number	Period of Performance
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**Section 5: Verification & Comments**

Verify all documents are included/system actions taken prior to submission:

<input type="checkbox"/> Resume/Application	<input type="checkbox"/> FBI Fingerprint Release	<input type="checkbox"/> OF-306
<input type="checkbox"/> Fair Credit Report Release	<input type="checkbox"/> OF8/PD (Required for Federal only)	<input type="checkbox"/> PDR

AWTS (DOI Contractors only):  Record Already Exists and Updated  New Record Entered  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: By Submitting this package you are verifying the I-9 or eVerify for this applicant has been completed or will be completed upon entry-on-duty and that this request is compliant with the Fair Chance Act (5 CFR 920).**