

NASA IV&V Facility Change-Processing Form Part 1

Information required from employees. Names and changed fields are required!

1. Names:	FROM	TO
First Name *	<input type="text"/>	<input type="text"/>
Middle Name (if none, indicate "N/A") *	<input type="text"/>	<input type="text"/>
Last Name *	<input type="text"/>	<input type="text"/>
Preferred First Name *	<input type="text"/>	<input type="text"/>
Other Names Used	<input type="text"/>	<input type="text"/>
Title (if any) *	<input type="text"/>	<input type="text"/>
Full Name of Spouse(s) Including Maiden Name(s)	<input type="text"/>	<input type="text"/>

2. Personal Information:	FROM	TO
Date of Birth (MM-DD-YYYY) *	<input type="text"/>	<input type="text"/>
Place of Birth (City/State/Country) *	<input type="text"/>	<input type="text"/>
Social Security Number *	<input type="text"/>	<input type="text"/>
Sex (Male or Female) *	<input type="text"/>	<input type="text"/>
Citizenship *	<input type="text"/>	<input type="text"/>
U.S. Nationality No. (if applicable)	<input type="text"/>	<input type="text"/>
Alien Registration No. (if applicable) *	<input type="text"/>	<input type="text"/>
Military Serial No. (if applicable)	<input type="text"/>	<input type="text"/>

3. Home Residence Information:	FROM	TO
Street Address *	<input type="text"/>	<input type="text"/>
City *	<input type="text"/>	<input type="text"/>
County *	<input type="text"/>	<input type="text"/>
State *	<input type="text"/>	<input type="text"/>
Zip Code *	<input type="text"/>	<input type="text"/>
Phone Number *	<input type="text"/>	<input type="text"/>

4. Emergency Contact Information:	FROM	TO
Name *	<input type="text"/>	<input type="text"/>
Relationship *	<input type="text"/>	<input type="text"/>
Phone Number *	<input type="text"/>	<input type="text"/>
Address *	<input type="text"/>	<input type="text"/>

5. Vehicle, Residences, and Employment Information: ²	
Vehicle(s) Make/Model, Year, Color, State, & License Number	
FROM	TO
<input type="text"/>	<input type="text"/>

¹ An asterisk (*) has been denoted on several fields. These marks are used for internal purposes only.

² Finger prints will also be required upon arrival.

Employee shall submit this form electronically to his or her employer when completed.

NASA IV&V Facility Change-Processing Form

Part 2

*Information required from employers. **Changed fields are required!***

1. Contract & Contractor Information:	FROM	TO
Contractor Name *	<input type="text"/>	<input type="text"/>
If a Sub, Prime Contractor Name *	<input type="text"/>	<input type="text"/>
Job Title	<input type="text"/>	<input type="text"/>
Prime Contract Number *	<input type="text"/>	<input type="text"/>
Expiration Date Of Contract	<input type="text"/>	<input type="text"/>
Name of COTR	<input type="text"/>	<input type="text"/>
Employee Start Date	<input type="text"/>	<input type="text"/>
Full or Part Time *	<input type="text"/>	<input type="text"/>
Permanent or Temporary Employment *	<input type="text"/>	<input type="text"/>
Company/Corporate E-mail Address	<input type="text"/>	<input type="text"/>

Note: The following must be coordinated between the employer and the NASA IV&V Facility O&M Manager. Cubicle relocations or off-site to on-site relocations must be pre-approved by the NASA IV&V Facility O&M Manager.

2. Office Location Information:	FROM	TO
<u>Outside NASA IV&V Facility</u>	<input type="checkbox"/>	<input type="checkbox"/>
Office Name *	<input type="text"/>	<input type="text"/>
Office Address *	<input type="text"/>	<input type="text"/>
Office Phone Number *	<input type="text"/>	<input type="text"/>
Associated Fax Number	<input type="text"/>	<input type="text"/>
<u>Within NASA IV&V Facility</u>	<input type="checkbox"/>	<input type="checkbox"/>
Cubicle / Office Assignment *	<input type="text"/>	<input type="text"/>
Associated Phone Number	<input type="text"/>	<input type="text"/>
Associated Fax Number	<input type="text"/>	<input type="text"/>

3. Special Resource Requests:	FROM	TO
Additional LAN Port/Analog Line	<input type="text"/>	<input type="text"/>
Access to Network Room (#129)	<input type="text"/>	<input type="text"/>
Special Keys	<input type="text"/>	<input type="text"/>
VPN Accessibility	<input type="text"/>	<input type="text"/>

4. If Supported by NASA's IT Group:	FROM	TO
<u>Category of Computer:</u>		
Category 1 - General Use	<input type="checkbox"/>	<input type="checkbox"/>
Category 2 - Productivity Use	<input type="checkbox"/>	<input type="checkbox"/>
Category 3 - Development Use	<input type="checkbox"/>	<input type="checkbox"/>

5. Effective Date of Change (M/D/YYYY):	<input type="text"/>
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Employer shall submit both an electronic copy and a hard-copy of this completed form to the NASA IV&V Facility O&M Manager.