This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: *The EPSQ is for internal DOD use only, and is pending OMB approval.* 

**Agency Use Information (SF 85P)** 

**B** Extra C Sensitivity/Risk D Compt/ E Nature of F Date of  ${f A}$  Type of Month Day Year Coverage Level ADP Action Code Action Investigation G Geographic H Position Position Location Code Title  $\mathbf{J}_{SON}$ K Location of Zip Code Other Address None Official NPRC Personnel Folder At SON L soi M Location of None Other Address Zip Code Security Folder At SOI NPI N OPAC-ALC O Accounting Data and/or Agency Case Number Number Name and Title Signature Telephone Number Date P Requesting Official The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign the attached sheet certifying the accuracy of the information you provided. **Subject of Investigation (Identifying Information) FULL NAME** \* If you have only initials in your name, use them and state (IO) \* If you are a "JR., "SR", "II", etc., enter this in the box after your middle name \* If you have no middle name, enter "NMN" Last Name First Name Middle Name Jr., II, etc. **OTHER NAMES USED** Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former names(s), alias(es), or nickname(s). If the other name is your maiden name, put "nee" in front of it. Month/Year Month/Year Month/Year Month/Year Name Name То #3 Month/Year Month/Year Name Month/Year Month/Year Name #2 #4 **EDUCATION DEGREE(S) (OUTSIDE 7 YEARS)** OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information below for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College. Month/Year Degree/Diploma/Other Code Name of School Month/Year Awarded Street Address and City (County) of School State Zip Code Month/Year Name of School Degree/Diploma/Other Month/Year Awarded Code To Street Address and City (County) of School State Zip Code Appointee/Applicant Signature: Date:

September 1999

## Instructions for Completing the SF-85P "Agency Use" Block



Enter the appropriate 3-character code from the chart below which represents the type of investigation and service requested. The first two digits represent the investigation type, and the third digit represents the investigation service.

Type of Investigation	35 Day Service	75 Day Service	120 Day Service	Reopen Service	150 Day Service	180 Day Service
SSBI		30B	30C	30D		
SSBI-PR				18D		18F
NACI		02B		02D		
NAC	06A					

\*Note: Any variation to the service noted above should be made by special request to OPM.

SSBI: Single Scope Background Investigation

SSBI-PR: Periodic Reinvestigation for Single Scope Background Investigation

NACI: National Agency Check with Inquiries

NAC: National Agency Check

<b>5</b> - 7				
<b>B</b> Extra				
Coverage				

Enter the appropriate number of the numeric (1-7) and/or alphabetic (A-Z) codes from the chart below which represent the type of extra investigative coverage desired.

Chart codes:

O = Optional Coverage S = Standard Coverage N/A = Not Available

		Extra Coverage Codes										
Type of	1	2	3	4	5	6	7	Н	I	L	R	Z
Investigation	Overseas	Credit	Advance NAC	Mgr/Spvy	Public Contact	Law Enforce- ment	Attach- ments	INS	Spouse INS	BVS	Reinvest- igation	Criminal Justice Position
SSBI	N/A	S	0	0	0	0	0	S	0	0	0	0
SSBI-PR	N/A	S	0	0	0	0	0	S	0	0	0	О
NACI	N/A	S	0	N/A	N/A	N/A	0	0	0	0	0	О
NAC	N/A	0	0	N/A	N/A	N/A	О	0	0	0	0	0

Code 1 (Overseas--Subject and Spouse): Not available

Code 2 (Credit): Automated scheduling of Credit, if needed for the NAC, place code 2 in the extra coverage block.

Code 3 (Advance NAC): The Advance on the National Agency Checks (NAC) consists of an itemized list of the NAC results and or search status. This is notification of item results only, no hardcopy furnished. The Advance NAC Report is sent to the SOI and is available for all case types. If after 30 days from the scheduling date, the NAC(s) are not complete, a NAC Status report will be generated to provide the SOI information on the required NAC items. Place code "3" in Block "B" for this coverage. For more information and sample copies of the reports, contact OPM-FIPC.

Code 4 (Managerial and Supervisory) Code 5 (Public Contact) Code 6 (Law Enforcement) These codes print instructions to the investigators on the Case Assignment Transmittal (CAT) to provide additional coverage for positions requiring these duties. The extra coverage is specified in the Extra Coverage Section of the Investigator's Handbook. An additional \$100 surcharge is added to the case cost for this coverage. Place extra coverage code of "4, 5, or 6" in Block B for this coverage.

Code 7 (Attachments): When information is attached to the investigative request, such as:

Request for license or certificate verification

Issue(s) information

Personnel folder or security file information

Special handling instructions

Any other information pertinent to the investigation

Place code "7" in Block B to indicate an attachment to the investigation.

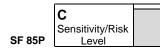
Code H (INS): Automated scheduling of the Immigration and Naturalization Search. Place code "H" in Block B for this coverage.

**Code I (Spouse INS):** Automated scheduling of the Immigration and Naturalization Search for the subject of investigations' spouse. Place code "I" in Block B to request this coverage.

Code L (BVS): Automated scheduling of the Birth Verification at State BVS. Place code "L" in Block B to request this coverage.

Code R (Reinvestigation): This code by-passes the administrative edits resident in PIPS that requires the appropriate level of case type/sensitivity/access. Place code "R" in Block B to indicate a reinvestigation.

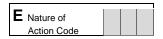
Code Z (Criminal Justice Position): This identifies a Criminal Justice Position that are exempt from the FBI user fees. Place code "Z" in Block B if the subject is in a Criminal Justice Position.



Enter one of the following codes representing the Sensitivity/Risk level of the position requiring the investigation:

	CODE	LEVEL
	2	Noncritical-Sensitive
	3	Critical-Sensitive
	4	Special-Sensitive
	5	Moderate Risk
	6	High Risk
SF 85P	<b>D</b> Compu/ ADP	

Enter "C" in this block is investigation is for an ADP-Computer position. If not an ADP-Computer position, leave the block blank.



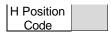
If the person being investigated is a Federal employee or applicant, enter the 3 digit code showing the Nature of Action taken or to be taken for the position requiring the investigation (the same action code as used on the SF-52). If your agency did not use FPM Supplement 296-33 coding, enter "000". If the person being investigated is a contract employee, enter "CON".

	Month	Day	Year
<b>F</b> Date of			
Action			

Enter the effective date (Month/Day/Year) of the action requiring the investigation. If the action has not been taken, leave the block blank.

<b>G</b> Geographic				
Location				

enter the 9-digit "Worldwide Geographic Location Code", showing the actual location of the duty station for the position. The Geographic Location Code is an OPM Central Personnel Data File (CPDF) requirement that must be entered on the SF-52 and SF-50 for certain personnel actions. This is a GSA Publication (4/87). *If unknown, leave the block blank.* 



Enter the appropriate alphabetic code from the chart below. If none of the codes apply, leave the block blank.

CODE	<u>POSITION</u>	CODE	<u>POSITION</u>
	Congressional Staff	E	White House
В	Investigator	F	SES/15 (or equivalent)
С	Astronaut	G	Special/Confidential Assistants
D	Fellow Programs	(GS	S/13 and above)
	· ·	H `	Child Care Provider

Position	
Title	

Enter the title of the position for which the investigation is being requested. If the person being investigated is a contractor employee, enter the person's position with the contractor company, or "CON".



Enter the 4 character Submitting Office Number (SON); if the Security Office is the Submitting Office, enter the Security Office Identifier (SOI) code.

K Location of Offi-	None	Other Address	Zip C	ode		
cial Personnel	NPRC					
Folder	At SON					

Check the correct box that gives us the location of the OPF.

**NONE:** If the person has never been a Federal employee **NPRC:** If the OPF is at the National Personnel Records Center

AT SON: If the OPF is at the Submitting Office

**OTHER ADDRESS:** If the OPF is at any other location (for example, the SOI), furnish the address.



Enter the 4 character Security Office Identifer (SOI). Submitting Offices should contact their Security Office to determine the correct SOI.

M Location	None	Other Address	Zip C	ode		
of Security	At SOI					
Folder	NPI					

Check one box only.

Check the correct box that identifies the location of the Security folder.

NONE: If there is no security file at your agency

AT SOI: If there is a security file at your agency, and it should be reviewed.

**NPI:** If there is a security file at your agency, but it contains no pertinent information. OTHER ADDRESS: If your agency's security file should be reviewed and it is not at the

SOI, furnish the address.

N OPAC-ALC				
Number				

On-Line Payment and Collection Agency Location Code): Enter your agency's OPAC-ALC number that records the billing information. OPM's process uses the OPAC billing system, which utilizes the ALC number, issued to each agency for this purpose by the Department of Treasury. Under this system, a transfer of funds is made by the Department of Treasury from the account of the requesting agency to the account of OPM. Contact OPM-FIPC for additional billing information.

O Accounting Data and/or	
Agency Case Number	

You may enter your agency data for internal use (internal case number, file number, etc.). Up to 25 characters may be entered in this block. The information you enter will be printed on documents used to close the case to your agency. If your agency does not need this information, leave the block blank.

P Requesting Official	Name and Title	Signature	Telephone Number	Date
			( )	

Enter the name, title, and signature of official requesting the investigation; the date; and the commercial telephone number, including area code. This is the person OPM will contact concerning specific case related submission problems.