

U.S. Department of the Interior
 Personnel Security Action Request
PART I--ORIGINATING OFFICE

Candidate's Name		Date of Birth	Place of Birth	SSN
Position Title and Grade			E.O.D. Date	Account Number
Bureau/Office	Duty Location	Status (Check one) <input type="checkbox"/> Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Consultant/Contractor		
Position Sensitivity/National Security Clearance Requirements: (Check as Appropriate)				
Level of Position Sensitivity (as recorded on the position Sensitivity Level Designation Form) <input type="checkbox"/> Special-Sensitive <input type="checkbox"/> Critical-Sensitive <input type="checkbox"/> Noncritical-Sensitive <input type="checkbox"/> Position Risk Points 21-35 <input type="checkbox"/> Position Risk Points 5-20 <input type="checkbox"/> ADP - Computer Position (Check in addition to above if applicable)		National Security Clearance (if necessary) <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret: Attach written justification for clearance		
Date of Request	Requesting Office		Signature of Requesting Official	
			Printed Name of Requesting Official	
			Telephone Number	

PART II PERSONNEL OFFICE
To transmit investigative papers or information to Personnel Security Office.

Data on Previous Investigation		Papers Submitted for New Investigation	
<input type="checkbox"/> NACI Investigation. OPM Stamp on Employment Application ("X" One and Complete)		<input type="checkbox"/> None. No break in service of over 1 year since prior investigation, and required investigation conducted not more than 36 months before date of new appointment.	
<input type="checkbox"/> Processed Under Section (3a) of E.O. 10450.	Date:	<input type="checkbox"/> Investigation papers for Sensitive Position attached.	
<input type="checkbox"/> Results of Investigation under Section 3(a) of E.O. 10450 Furnished Requesting Agency	Date:		
<input type="checkbox"/> Full Field or Other Background Investigation (Specify)		<input type="checkbox"/> Other Attachments (List)	
Completed By:	Date:	Signature of Personnel Official:	
<input type="checkbox"/> No Evidence of Investigation-Request for Waiver attached (if required)	<input type="checkbox"/> Other Investigative/Clearance Information:		
Date:	Personnel Office:	Telephone Number:	