

Reclamation Manual

Directives and Standards

Form B1. Bureau of Reclamation Request for Waiver of Pre-Appointment Investigative Requirement for a Critical-Sensitive Position Approval Form.

U.S. DEPARTMENT OF THE INTERIOR REQUEST FOR WAIVER OF PREAPPOINTMENT INVESTIGATIVE REQUIREMENT FOR A CRITICAL-SENSITIVE POSITION	
ORIGINATING MANAGEMENT OFFICE (where candidate is to be appointed)	
CANDIDATES NAME	PROPOSED POSITION TITLE
ORGANIZATION	PROPOSED EOD (DATE)
<p>A waiver of preappointment investigative requirement is being requested for emergency reasons and such action is necessary in the national interest. A justification for this request is attached. If approved, I will ensure that the individual will not have access to any classified national security information prior to the granting of a national security clearance (if a requirement of the position). Forms required for the investigation were submitted to the bureau/office security officer on date signed.</p>	
IMMEDIATE SUPERVISOR SIGNATURE & DATE	PRINTED NAME
HIGHER LEVEL SUPERVISOR SIGNATURE & DATE	PRINTED NAME
SERVICING HUMAN RESOURCES OFFICER (or designee)	
<p>Based on my review of the individual's previous employment record and knowledge of this candidate's background, there appears to be no derogatory information which would preclude employment in a Critical-Sensitive position pending completion of the required investigation.</p>	
SIGNATURE & DATE	PRINTED NAME
RECLAMATION SECURITY OFFICER (or designee) (send to 84-45000)	
<p>The results of the <u>mandatory</u> checks listed in the applicable DM are attached.</p>	
SIGNATURE & DATE	PRINTED NAME
HEAD OF BUREAU – APPROVAL (Delegated to the SSLE Director or designee)	
SIGNATURE & DATE	PRINTED NAME
ATTACHMENTS: (1) Justification for this Request, & (2) Results of Mandatory Checks (DI-1990)	
<p>ORIGINAL: EMPLOYEE'S OPF cc: EMPLOYEE'S SECURITY FILE - 1</p>	

Modification B1 of DI-1912

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Form B2. Bureau of Reclamation Pre-Appointment Background Check List for Critical Sensitive Positions.

<u>Pre-appointment Background Check in support of a Investigative Requirement Waiver Request Check List</u>	
Date: _____	Position Applied For: _____
Name: _____	DOB: _____
SSN: _____	POB: _____
Home Address: _____	
<u>MANDATORY PRE-APPOINTMENT CHECKS IN SUPPORT OF A WAIVER REQUEST</u>	
<u>REQUESTING OFFICE RESPONSIBILITY:</u> (attach all results)	
* Drivers License (Verification of Record):	Yes___ No___ No Record___
* Reference Checks (notes if completed):	Yes___ No___ N/A___
* Subject Interview (notes if applicable):	Yes___ No___ N/A___
* Signed SF-86 general release & FCRA form:	Yes___ No___
<u>HR OFFICE RESPONSIBILITY:</u> (attach a copy of each form)	
* Military Records (DD-214):	Yes___ No___ N/A___
* OF-306 Screening Completion Notice:	Yes___ No___ N/A___
* OF-612 or Resume:	Yes___ No___ N/A___
* Applicant's Contact Info for e-QIP: E-Mail Address: _____	Phone: _____
<u>SSLE RESPONSIBILITY:</u>	
* OPM/Security Investigation Index (SII):	Yes___ No___ No Record___
* Local Law Enforcement Agencies:	Yes___ No___
* Credit History:	Yes___ No___ No Record___
* SF-86 Review of	
* Employment History:	Yes___ No___
* Residence History:	Yes___ No___
* Education/Training:	Yes___ No___
* References:	Yes___ No___
* Other Checks/Information:	Yes___ No___ N/A___
Requesting Office's Representative Who Conducted Checks:	Checks Reviewed and Concurred By:
_____	_____
Print Name & Signature	SSLE Personnel Security Officer (or designee)
_____	_____
Date & Office Telephone Number	Date & Office Telephone Number

*ATTACHMENTS: List all pertinent reference material (including results of interviews, record checks, vouchers, etc.)
Also attach a copy of all available documents and an explanation for any unavailable document.

Modification B2 of DI-1990

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Form B3. Bureau of Reclamation Request for Waiver of Pre-Appointment Investigative Requirement for a Critical-Sensitive Law Enforcement Officer Position Approval Form.

U.S. DEPARTMENT OF THE INTERIOR REQUEST FOR WAIVER OF PREAPPOINTMENT INVESTIGATIVE REQUIREMENT FOR A CRITICAL-SENSITIVE LAW ENFORCEMENT OFFICER POSITION	
ORIGINATING MANAGEMENT OFFICE (where candidate is to be appointed)	
CANDIDATES NAME	PROPOSED POSITION TITLE
ORGANIZATION	PROPOSED EOD (DATE)
<p>A waiver of preappointment investigative requirement is being requested for emergency reasons and such action is necessary in the national interest. A justification for this request is attached. If approved, I will ensure that the individual will not have access to any classified national security information prior to the granting of a national security clearance (if a requirement of the position). Forms required for the investigation were submitted to the bureau/office security officer on date signed.</p>	
IMMEDIATE SUPERVISOR SIGNATURE & DATE	PRINTED NAME
HIGHER LEVEL SUPERVISOR SIGNATURE & DATE	PRINTED NAME
SERVICING HUMAN RESOURCES OFFICER (or designee)	
<p>Based on my review of the individual's previous employment record and knowledge of this candidate's background, there appears to be no derogatory information which would preclude employment in a Critical-Sensitive position pending completion of the required investigation.</p>	
SIGNATURE & DATE	PRINTED NAME
RECLAMATION SECURITY OFFICER (or designee) (send to 84-45000)	
<p>The results of the <u>mandatory</u> checks listed in the applicable DM are attached.</p>	
SIGNATURE & DATE	PRINTED NAME
DOI - OLESEM – APPROVAL	
SIGNATURE & DATE	PRINTED NAME
ATTACHMENTS: (1) Justification for this Request, & (2) Results of Mandatory Checks (DI-1990)	
<p>ORIGINAL: EMPLOYEE'S OPF cc: EMPLOYEE'S SECURITY FILE - 1</p>	

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Directives and Standards

Form B4. Bureau of Reclamation Pre-Appointment Background Check Form for Critical Sensitive Law Enforcement Positions.

<u>Pre-appointment Background Check in support of a Investigative Requirement Waiver Request Check List</u>	
Date: _____	Position Applied For: _____
Name: _____	DOB: _____
SSN: _____	POB: _____
Home Address: _____	
<u>MANDATORY PRE-APPOINTMENT CHECKS IN SUPPORT OF A WAIVER REQUEST</u>	
<u>REQUESTING OFFICE RESPONSIBILITY:</u> (attach all results)	
* Drivers License (Verification of Record):	Yes___ No___ No Record___
* Reference Checks (notes if completed):	Yes___ No___ N/A___
* Subject Interview (notes if applicable):	Yes___ No___ N/A___
* National Crime Information Center (NCIC):	Yes___ No___
* Signed SF-86 general release & FCRA form:	Yes___ No___
<u>HR OFFICE RESPONSIBILITY:</u> (attach a copy of each form)	
* Military Records (DD-214):	Yes___ No___ N/A___
* OF-306 Screening Completion Notice:	Yes___ No___ N/A___
* OF-612 or Resume:	Yes___ No___ N/A___
* Applicant's Contact Info for e-QIP: E-Mail Address: _____	Phone: _____
<u>SSLE RESPONSIBILITY:</u>	
* OPM/Security Investigation Index (SII):	Yes___ No___ No Record___
* Local Law Enforcement Agencies:	Yes___ No___
* Credit History:	Yes___ No___ No Record___
* SF-86 Review of	
* Employment History:	Yes___ No___
* Residence History:	Yes___ No___
* Education/Training:	Yes___ No___
* References:	Yes___ No___
* Other Checks/Information:	Yes___ No___ N/A___
Requesting Office's Representative Who Conducted Checks:	Checks Reviewed and Concurred By:
_____ Print Name & Signature	_____ SSLE Personnel Security Officer (or designee)
_____ Date & Office Telephone Number	_____ Date & Office Telephone Number

*ATTACHMENTS: List all pertinent reference material (including results of interviews, record checks, vouchers, etc.)
Also attach a copy of all available documents and an explanation for any unavailable document.

Modification B4 of DI-1990

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Form B5. Bureau of Reclamation Request for Pre-Appointment Suitability Review of Select Public Trust Position Request Form.

ORIGINATING MANAGEMENT OFFICE (where candidate is to be appointed)	
CANDIDATES NAME	PROPOSED POSITION TITLE
ORGANIZATION	PROPOSED EOD (DATE)
A request for preappointment suitability screening and pre-background investigative review is being requested for enhancement of Reclamation's employment and Public Trust suitability process. Forms required for the investigation were submitted to the bureau/office security officer on date signed.	
IMMEDIATE SUPERVISOR SIGNATURE & DATE	PRINTED NAME
HIGHER LEVEL SUPERVISOR SIGNATURE & DATE	PRINTED NAME
SERVICING HUMAN RESOURCES OFFICER (or designee)	
Based on my review of the individual's previous employment record and knowledge of this candidate's background, there appears to be no derogatory information which would preclude employment in a Critical-Sensitive position pending completion of the required investigation.	
SIGNATURE & DATE	PRINTED NAME
RECLAMATION SECURITY OFFICER – APPROVAL (or designee) (send to 84-45000)	
The results of the <u>mandatory</u> checks listed in the applicable DM are attached.	
SIGNATURE & DATE	PRINTED NAME
ATTACHMENTS: (1) Justification for this Request, & (2) Results of Mandatory Checks (DI-1990)	
ORIGINAL: EMPLOYEE'S OPF cc: EMPLOYEE'S SECURITY FILE - 1	

Modification B5 of DI-1912

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Form B6. Bureau of Reclamation Pre-Appointment Background Check Form for Suitability Review of Select Public Trust Position Check List Form.

<u>Pre-appointment Background Check in support of a Investigative Requirement Check List</u>	
Date: _____	Position Applied For: _____
Name: _____	DOB: _____
SSN: _____	POB: _____
Home Address: _____	
<u>MANDATORY PRE-APPOINTMENT CHECKS IN SUPPORT OF A WAIVER REQUEST</u>	
<u>REQUESTING OFFICE RESPONSIBILITY:</u> (attach all results)	
* Drivers License (Verification of Record):	Yes___ No___ No Record___
* Reference Checks (notes if completed):	Yes___ No___ N/A___
* Subject Interview (notes if applicable):	Yes___ No___ N/A___
* Signed SF-86 general release & FCRA form:	Yes___ No___
<u>HR OFFICE RESPONSIBILITY:</u> (attach a copy of each form)	
* Military Records (DD-214):	Yes___ No___ N/A___
* OF-306 Screening Completion Notice:	Yes___ No___ N/A___
* OF-612 or Resume:	Yes___ No___ N/A___
* Applicant's Contact Info for e-QIP: E-Mail Address: _____	Phone: _____
<u>SSLE RESPONSIBILITY:</u>	
* OPM/Security Investigation Index (SII):	Yes___ No___ No Record___
* Local Law Enforcement Agencies:	Yes___ No___
* Credit History:	Yes___ No___ No Record___
* SF-86 Review of	
* Employment History:	Yes___ No___
* Residence History:	Yes___ No___
* Education/Training:	Yes___ No___
* References:	Yes___ No___
* Other Checks/Information:	Yes___ No___ N/A___
Requesting Office's Representative Who Conducted Checks:	Checks Reviewed and Concurred By:
_____	_____
Print Name & Signature	SSLE Personnel Security Officer (or designee)
_____	_____
Date & Office Telephone Number	Date & Office Telephone Number

*ATTACHMENTS: List all pertinent reference material (including results of interviews, record checks, vouchers, etc.)
Also attach a copy of all available documents and an explanation for any unavailable document.

Modification B6 of DI-1990