



## INSTRUCTIONS FOR COMPLETING THE REQUEST FOR PERSONNEL SECURITY AND BADGING SERVICES, HHS FORM 828

The Request for Personnel Security and Badging Services, U.S. Department of Health and Human Services (HHS) Form 828 (HHS-828) is required for all personnel security and badging actions for agencies serviced by the Program Support Center's Intake, Suitability, and Badging Services (PSC/ISBS). The HHS-828 must be typed and completed in its entirety. Hand-written forms will not be accepted.

For further ease of use, the HHS-828 form is now also able to accept digital signatures using your Homeland Security Presidential Directive 12 (HSPD-12) Personal Identity Verification (PIV) card; however, this is only an optional feature, and therefore, not required. The following will assist you in making sure the form is completed properly.

### Badge and Investigation Requirements Section:

1. There are two main services to choose from: Badge Requirements and Investigation Requirements. All new federal employees and new federal contractors will generally need both. If you are unsure what an applicant may need, please contact the PSC/ISBS Help Desk for advice before submitting the form to avoid rejection. They can be reached via the following:  
Email: [ISBSHelpDesk@psc.hhs.gov](mailto:ISBSHelpDesk@psc.hhs.gov), Phone: (833) 884-7749, Self-Help Web Portal: <https://isbs-portal.psc.gov>
2. Special notes on requesting Alternate Logon Token (ALT) cards.
  - a. There are three types of ALT cards that can be ordered.
    - i. The first is a Back-up ALT card, which duplicates the logical access of the original HHS-issued HSPD-12 PIV card. PSC/ISBS can create this card with a successful review of HSPD-12 history and investigative records.
    - ii. The second is the Agency Card Containing Alternate Login Credentials for an ITIO Network Account (ACC ALT Network Account). This can be used to hold certificates that would grant network access to applicants that currently have valid HSPD-12 PIV cards from HHS or other federal agencies that do not use the OS ITIO network. This will require a review by PSC/ISBS along with the creation of a new user account by ITIO.
    - iii. The third is the Agency Card Containing Alternate Login Credentials for Elevated Privileges (ACC ALT – Elevated Priv.). This is for applicants who need elevated network access privileges, such as network administrators. It will require a review by PSC/ISBS along with the creation of a new admin level account by ITIO.
  - b. If the person requesting the ALT card is from outside HHS, then their PIV card will first need to be bound to the HHS Identity Smart Card Management System (SCMS) before we can proceed. This process is very similar to the current issuance process, and will involve the capturing of the applicant's HSPD-12 certificates.
3. Restricted Local Access (RLA) cards for foreign nationals
  - a. Residency requirements:
    - i. This is for applicants who have **less than three of the last five years of residency in the U.S.**
    - ii. If the subject has resided in the U.S. for three or more of the last five years, then an HSPD-12 PIV card and a minimum of a Tier 1/National Agency Check with Inquiries (NACI) investigation should be requested rather than an RLA.
    - iii. Once the subject has met the residency requirements, the subject must be submitted for the regular background investigation required for that position.
  - b. Investigation coverage:
    - i. The National Agency Check or NAC investigation does not meet the Office of Personnel Management's (OPM) investigative requirements set in place for regular suitability standards. Therefore, a level NAC investigation does allow access to an HSPD-12 PIV card or sensitive systems.
      1. For example, HHS requires IT network administrators to have a minimum investigation of a Tier 4/BI (High Risk Public Trust). However, the NAC investigation does not meet the same requirements as the Tier 4/BI investigation and would not allow for access to the same systems and duties as someone who has successfully completed a full investigation.
      2. Other sensitive IT systems would include Unified Financial Management System (UFMS), iProcurement, electronic Human Resources system records, or other systems with access to personally identifiable information (PII), etc.
    - ii. Individuals who require access to the aforementioned sensitive systems in order to perform their duties may need to be reconsidered for the position in question until they can successfully meet the investigative requirements set forth by OPM.

4. Restricted Local Access (RLA) cards for interns and/or short-term employees (less than 180 days onboard):

There are two different ways that our office can process these applications, but questions need to be asked and confirmation needs to be determined; please see below:

- a. PSC/ISBS can fingerprint the individual (generating results within 24 to 48 hours) and once our office has determined the results are favorable, we could issue the subject an RLA card. The RLA card can only be issued to applicants who are going to be on board for **less than 180 days and do not require access to PII and/or any systems that require an investigation higher than a Tier 1.**
  - a. This card will grant physical access to the assigned building(s).
  - b. If access to a network is required, the Office of Chief Information Officer/Information Technology (OCIO/IT) will have to be contacted and can grant a six-month PIV Exception (1-866-699-4872).
    - i. If it is determined that the individual is going to exceed 180 days, an investigation will have to be initiated and a HSPD-12 PIV card issued.
- b. The individual can be processed for a background investigation and an HSPD-12 PIV card.
  - a. This decision is up to the customer, regardless of how long the subject will be on board (even if it's less than 180 days).
    - i. If it is determined that the subject will indeed have access to PII and/or will require access to systems that require a level of investigation higher than a Tier 1, the subject will automatically be processed for a full investigation and an HSPD-12 PIV card will be issued.

**Applicant Checklist Section:**

1. The applicant packet checklist contains a list of items that you can submit with the HHS-828. Electronic prints will be marked by PSC/ISBS when fingerprints are taken in the regions. If fingerprint cards are being sent with the HHS-828, that box should be checked.
2. The Staffing, Recruitment, and Operations Center (SROC) is requiring the submission of an OF-306, Declaration for Federal Employment, for all new federal employees (internal transfers or new to HHS). This is so that PSC/ISBS can review the content of the OF-306 in conjunction with the FBI fingerprint check results, and e-QIP package, or prior favorable investigative history. If this review is favorable, then SROC can proceed with issuing the new employee the final offer for hiring purposes.
3. The HHS Form 207 is only used for federal employees that require a National Security Clearance.
4. The links and resource inboxes listed below can be utilized to access required forms and/or inquire about what forms are needed for specific types of requests.

e828 - <https://hhsidentity.hhs.gov/idms/portal/>

HHS-828 form - <https://intranet.hhs.gov/form/hhs-828>

OneView Gateway - <https://pscpcm.my.salesforce.com/>

OF-306 - [https://www.opm.gov/forms/pdf\\_fill/of0306.pdf](https://www.opm.gov/forms/pdf_fill/of0306.pdf)

PDAT/PDT - <https://www.dcsa.mil/is/pdspdt/>

HHS-207 - <https://intranet.hhs.gov/sites/default/files/s3fs-public/s3fs-public/2019-08/hhs-207.pdf>

ONS VAR Template - [https://intranet.hhs.gov/sites/default/files/s3fs-public/s3fs-public/2019-05/VAR%20form\\_hhs-848.pdf](https://intranet.hhs.gov/sites/default/files/s3fs-public/s3fs-public/2019-05/VAR%20form_hhs-848.pdf)

OSSI International Resource Box - [International@hhs.gov](mailto:International@hhs.gov)

ISBS Helpdesk - [ISBSHelpDesk@psc.hhs.gov](mailto:ISBSHelpDesk@psc.hhs.gov)

ONS Personnel Security Resource Mailbox - [PersonnelSecurity@hhs.gov](mailto:PersonnelSecurity@hhs.gov)

**Applicant Information Section:**

1. Applicant Full Name: The complete legal first, middle and last name. Do not use abbreviations or initials.
2. Requesting Organization: Choose the appropriate HHS Agency and enter the Sub-agency and Division. If located at a headquarters building, enter "YES" and then the appropriate region.
3. Applicant Status: Mark the appropriate employee type: New Federal Applicant (New Fed. Applicant), Federal Employee, Contractor, Intern, or Organization Affiliate (Org. Affiliate). If the applicant is a Contractor, Intern, or an Org. Affiliate (such as a fellow or a volunteer), please indicate the expected end date of their term with HHS in the NTE (Not to Exceed) space. For Contractors this would be end of their contract.
4. Provide the applicant's work location, daytime phone #, and an email address where they can be contacted. If this is a new federal applicant or contractor, and no HHS.GOV email address has been established, please provide the applicant's personal email address.

**HHS Service Requestor Information Section:**

1. The Requesting Agency’s Point of Contact, also known as the HHS Service Requestor, is someone who has been authorized by the Department and has been trained to sponsor and/or submit sponsorship information for an applicant for entry into the SCMS. An HHS Service Requestor must be a Federal employee, preferably in the direct chain of command for the applicant, be in possession of a valid HSPD-12 PIV card, already have a favorably adjudicated background investigation, and be listed in the security database as an HHS Service Requestor. All of the sponsorship information for an applicant is required along with the applicant’s HHS Service Requestor.
2. The Authorized HHS Service Requestor will then sign on the line.

**Financial Information Section:**

1. The Requesting Agency CAN # is required for the billing of badging and investigation related services. While the Agency Obligating Document #, and the Treasury Account Symbol (TAS) are required for the billing of those services that contain a background check related service (i.e. a full background investigation, or an FBI fingerprint check only).
2. If the applicant is in the Service and Supply Fund (SSF), then also enter the Cost Center Code.
3. The information and signature of the Funds Certifying Official for the applicant’s organization is required for all requests.
4. The funding information section is not required to be filled out for those applicants who are only getting an HSPD-12 Certificate Update, because this is now included in the overall price of the HSPD-12 PIV card.

**Investigation Info Only Section:**

1. Check the appropriate boxes that coincide with the access that the applicant will require in his/her position.
2. Is the applicant being processed for a periodic reinvestigation of their previous investigation? (i.e. The previous Tier 2/MBI, Tier 3/ANACI, Tier 4/BI, or Tier 5/SSBI is being reprocessed to maintain security level). If so, please be sure to mark “Yes” for the related question.

**Position Sensitivity/Investigation Type Section:**

1. HHS Service Requestors will be required to fill out and submit the Department of Defense (DoD), Defense Counterintelligence and Security Agency (DCSA) Position Designation Automated Tool (PDT) (<https://www.dcsa.mil/is/pdspdt/>).

**Combined List of Fees for Calculating Costs:**

<b><u>PSC/ISBS Fees - charged directly by PSC/ISBS</u></b>	<b>FY22 Prices</b>
Interim/180 days or less: Fingerprint/RLA	\$189.51
HSPD-12 Services (Includes Price of Certificate Update)	\$189.51
Restricted Local Access (RLA) Card	\$189.51
Alternate Logon Token (ALT) Card	\$189.51
Complete Investigation (FBI FP Check Included)	\$816.90

<b><u>DoD/DCSA Fees - charged directly by DoD/DCSA</u></b>	<b>FY22 Prices</b>
SAC	\$20.00
NAC	\$140.00
Tier 1	\$180.00
Tier 2*	\$420.00
Tier 2R* (Periodic Reinvestigation)	\$380.00
Tier 3*	\$420.00
Tier 3R* (Periodic Reinvestigation)	\$380.00
Tier 4	\$4,095.00
Tier 4R (Periodic Reinvestigation)	\$2,530.00
Tier 5	\$5,410.00
Tier 5R (Periodic Reinvestigation)	\$2,965.00

\*NOTE – If during any part of the investigation process it is determined that a Triggered Enhanced Subject Interview (TESI) will be required then an additional fee of \$970.00 will be billed.



**ORDER FORM**

Date Submitted (mm/dd/yyyy): \_\_\_\_\_

**Application Packet Check List**

Fingerprints: Electronic - Date prints taken: \_\_\_\_\_ Fingerprint Cards (attached) (SF-87 Feds)  
Location: \_\_\_\_\_ (FD-258 Contractors)

Other Forms: OF-306 Declaration for Federal Employment HHS 207 (Secret and Top Secret only)(Feds Only)

**1. Badge Requirement**

**2. Investigation Requirement**

**Applicant**

3. First Name	4. Full Middle Name	5. Last Name		
6. Position Title	7. Work Location			
8. Day Time Phone	9. Personal/Alternate Email Address			
10. HHS (SMTP) Email Address	11. UPN Email Address			
12. Requesting Organization	13. Sub-Agency	14. Division	15. Headquarters	16. Region
17. Applicant Is A	18. Contractor NTE Date	19. Intern NTE Date	20. Organizational Affiliate NTE Date	

**Investigation Info Only** (Please refer to the Position Sensitivity/Investigation Type Section.)

21. Does the Applicant require UFMS Access?	Yes	No	If Yes, choose Tier 2 - Moderate Risk, Public Trust at a Minimum	
22. Does the Applicant require IT Admin?	Yes	No	If Yes, choose Tier 4 - High Risk, Public Trust at a Minimum	
23. Does the Applicant require access to PII?	Yes	No	24. Is the subject being processed for a periodic reinvestigation?	Yes No

**25. Position Sensitivity Designation** (Please refer to the DoD/DCSA Position Sensitivity Designation Tool, as well as the OF-8/PD for more information.)

**Reciprocity Information (To be completed by Applicant or HHS Service Requestor)**

26. Is the subject a member of the USPHS Commissioned Corps? Yes No	27. Has the government ever completed a background investigation on the subject for the purpose of employment? Yes No	28. Was this investigation for a security clearance? Yes No
29. When was this successfully completed?		30. Does the subject have a copy of the Certificate of Investigation? Yes No
31. Did the subject have a break in government service, either as contractor or federal employee, longer than 24 months since your last investigation? Yes No		32. Did the subject remain in the position for which they were investigated for a period of one year or more? Yes No
33. What is the subject's last expected date at the previous HHS agency?		

**For Contractors**

34. Organization/Company Name	35. Address of Organization/Company
36. Telephone of Organization/Company	

**Project Officer Information** (if not HHS Service Requestor)

37. First Name	38. Full Middle Name	39. Last Name
40. Position Title	41. Center/Office/Group/Division	
42. Work Phone	43. Email Address	
44. Applicant Contract Number	45. Contract Start (mm/dd/yyyy)	46. Contract End (mm/dd/yyyy)

I certify that the above Applicant will be participating on the contract identified on this form.

47. Project Officer Signature	48. Date (mm/dd/yyyy)
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**HHS Service Requestor**

49. HHS Service Requestor	
50. Position Title	51. Agency/Division
52. Work Phone	53. Email Address

I agree to serve as the HHS Service Requestor for the above Applicant for requested services and certify that the information provided in the section above is accurate to the best of my knowledge. I hereby acknowledge that if I knowingly provide or assist in the provision of false information, non-verifiable information, and/or I purposely omit information, I may be subject to disciplinary action up to and including removal from the Federal service and I may be subject to prosecution under applicable Federal criminal and civil statutes.

54. HHS Service Requestor Signature	55. Date (mm/dd/yyyy)
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**Financial Information** (To be completed by Authorized Official)

56. Requesting Agency's CAN	
57. Agency's Obligating Document #: (e.g. PO, MIPR, MO, IAA, IPINV, etc.) [Required for Investigative Services]	
58. Treasury Account Symbol (TAS) [Required for Investigative Services]	59. Cost Center Code (for SSF Use Only)
60. Funds Certifying Official Name	61. Phone Number

As the funds certifying official, I agree that the information provided in the funds section above is accurate to the best of my knowledge. I hereby acknowledge that if I knowingly provide or assist in the provision of false information, non-verifiable information, and/or I purposely omit information, I may be subject to disciplinary action up to an including removal from the Federal service and I may be subject to prosecution under applicable Federal criminal and civil statutes.

62. Funds Certifying Official Signature	63. Date (mm/dd/yyyy)
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**Privacy Act Statement:** The information in this form is collected by the U.S. Department of Health and Human Services (HHS) for the purpose of issuing, renewing, updating or replacing an identification badge called the HHSID Badge and ordering any required background investigation, in order to facilitate and control your access to federal government facilities and computer systems. HHS will use the information provided on this form, in combination with other records maintained by HHS or the Office of Personnel Management (OPM) about you (e.g., fingerprint, e--QIP, and clearance background investigation records) to verify your identity, check your position, eligibility, and background investigation status, order an initial, updated, or different background investigation if required, update your privileges in the card management system controlling access to facilities and computer systems, and track and control the badge. The authority to collect this information is 5 U.S.C. § 301; Executive Order 10450; Presidential Memorandum on Upgrading Security at Federal Facilities, June 28, 1995; Homeland Security Presidential Directive 12 (HSPD-12), August 27, 2004; and HHS policy implementing HSPD-12, available at <https://hhs.gov/sharepoint.com/sites/asa/psc/rlo/isbs/Shared%20Documents/HSPD12%20101/HHS%20HSPD-12%20Policy/HHS%20HSPD-12%20Policy%20Update%202017.pdf>. Social Security Number (SSN) is requested if you do not yet have an HHSID number or do not know your HHSID number. HHS will use your HHSID number or SSN to retrieve the records used in combination with this form. The authority to collect SSN is Executive Order 9397 as amended by Executive Order 13478. HHS may disclose the information you provide on this form for purposes for which you provide prior, written consent, or without your consent for purposes permitted by the Privacy Act at 5 U.S.C. § 552a(b), which include routine uses published in System of Records Notice (SORN) 09-90-0777, available at <http://www.hhs.gov/foia/privacy/recordsnotices/09900777.html>. The routine uses include disclosures to: the Department of Justice, a court, or other government officials when the records are relevant and necessary to a law suit; the appropriate public authority (federal, foreign, state, local, tribal, or otherwise) to enforce, investigate, or prosecute when a record indicates a violation or potential violation of law or regulation; a Member of Congress or congressional staff member at your written request; the National Archives and Records Administration for records management inspections; authorized federal contractors, grantees, or volunteers who need access to the records to do agency work and who have agreed to comply with the Privacy Act; any source that has records an agency needs to decide whether to retain an employee, continue a security clearance, or agree to a contract, grant, license or benefit; federal, state, or local agencies, entities, individuals, or foreign governments to enable an intelligence agency to carry out its responsibilities; the Office of Management and Budget to evaluate private relief legislation; and to other federal agencies to notify them when your HHSID Badge is no longer valid. Providing the information is voluntary; however, if you do not provide all of the requested information, HHS may be unable to process your badge request or order any required background investigation, which would affect your access privileges. If use of the badge or the affected certain access privileges is a condition of your employment, not providing the information may prevent you from being able to work.

I hereby authorize the release of information in this application to appropriate Federal agencies for the purposes of processing this application and verifying my identity. I also acknowledge that if I knowingly provide or assist in the provision of false information or non-verifiable information, and/or I purposely omit information, it could result in loss of access to HHS facilities and IT systems and in disciplinary action including removal from Federal service or a Federal contract, and I may be subject to prosecution under applicable Federal criminal and civil statutes.

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64. Applicant Signature

65. Date (mm/dd/yyyy)

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## BADGE REQUEST

### A. Applicant Information (To be completed by Applicant or Authorized Official)

1. First Name		2. Full Middle Name		3. Last Name	
4. Other Name(s) Used					
5. Date of Birth (mm/dd/yyyy)		6. Place of Birth, City		7. Place of Birth, County	
8. Place of Birth, State		9. Place of Birth, Country		10. Social Security Number (XXX-XX-XXXX)	
11. U.S. Citizen Yes      No (Specify Citizenship)				12. Applicant's HHSID Number (If Applicable)	
13. Have you lived in the U.S. for three of the last five years? Yes      No			14. Visa, Alien Registration Number or Passport info for non-US Citizen Yes      No		
15. Are you currently in possession of a PIV or CAC card from another federal agency that you will need to retain use of? Yes      No					
16. Position Title			17. Work Location		
18. Day Time Phone			19. Personal/Alternate Email Address		
20. HHS (SMTP) Email Address			21. UPN Email Address		
22. Requesting Organization		23. Sub-Agency	24. Division	25. Headquarters	26. Region
27. Applicant Is A		28. Contractor NTE Date	29. Intern NTE Date	30. Organizational Affiliate NTE Date	

### B. HHS ID Badge Request (To be completed by HHS Service Requestor, after Section A has been completed)

31. Badge Requirement				32. ID Badge Expiration (mm/dd/yyyy)	
33. Position Sensitivity				34. Emergency Responder Yes      No	

### C. Identity Proofing (To be completed by Enroller, Security Representative/HSPD-12 Registrar, or SCMS HHS Service Requestor/ Inductor after Section B has been completed)

#### Identity Proofer Information

35. Identity Proofer Name			36. Identity Proofer HHSID Number		
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#### Identity Source Document One

37. First Name	38. Full Middle Name	39. Last Name	42. First Name	43. Full Middle Name	44. Last Name
40. Document Title			45. Document Title		
41. Document Expiration Date (mm/dd/yyyy)			46. Document Expiration Date (mm/dd/yyyy)		

I certify that the above Applicant appeared before me and presented two ID source documents, which to the best of my knowledge appeared to be genuine, or presented an undamaged uncompromised, unexpired HHS ID Badge and does not require a background investigation. I hereby acknowledge that if I knowingly provide or assist in the provision of false information, non-verifiable information, and/or I purposely omit information, I may be subject to disciplinary action up to and including removal from the Federal service, and I may be subject to prosecution under applicable Federal criminal and civil statutes.

47. ID Proofer Signature				48. Date (mm/dd/yyyy)	
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**D. HHS ID Badge Approval** (To be completed by Security Representative/HSPD-12 Registrar after Section B has been completed)

49. Applicant meets terms of reciprocity      Yes      No

50. Background Investigation Completed (Investigation Type and Date of Favorable Adjudication (mm/dd/year))

51. Favorable FBI Fingerprint Check (OPM/DCSA Case Number and Date Closed by OPM/DCSA)

52. Background Investigation in Process (Investigation Type and Date of e-QIP Submission to OPM/DCSA (mm/dd/year))

53. Comments

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**Security Representative/HSPD-12 Registrar Information**

54. Security Representative/HSPD-12 Registrar Name

55. Security Representative/HSPD-12 Registrar HHSID Number

56. I hereby    Approve    Disapprove issuance of an HHS ID Badge to the above-named Applicant. I hereby acknowledge that if I knowingly provide or assist in the provision of false information, non-verifiable information, and/or I purposely omit information, I may be subject to disciplinary action up to and including removal from the Federal service, and I may be subject to prosecution under applicable Federal criminal and civil statutes.

57. Security Representative/HSPD-12 Registrar Signature

58. Date (mm/dd/yyyy)

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**E. HHS ID Badge Details** (To be completed by Issuer after Section D has been completed)

59. Name on ID Badge

60. Applicant HHSID Number (if applicable)

61. ID Badge Serial Number

62. ID Badge Expiration Date



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**F. Issuance Information** (To be completed by Issuer after Section E has been completed)**Issuer Information**

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63. Issuer Name

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64. Issuer HHSID Number

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65. I confirm that the (1) ID Badge Request received from the HHS Service Requestor is valid, and (2) approval notification received from the Registrar is valid.

66. I have verified that the individual collecting the ID Badge is the Applicant and have issued the ID Badge to the Applicant.

67. I have mailed the ID Badge and this form to \_\_\_\_\_  
in Remote office \_\_\_\_\_ on this date (mm/dd/yyyy) \_\_\_\_\_.

68. I hereby acknowledge that if I knowingly provide or assist in the provision of false information, non-verifiable information, and/or I purposely omit information, I may be subject to disciplinary action up to and including removal from the Federal service, and I may be subject to prosecution under applicable Federal criminal and civil statutes.

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69. Issuer Signature

70. Date (mm/dd/yyyy)

**For Remote Issuers**

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71. Remote Issuer Name

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72. HHSID Number

I have verified that the individual collecting the ID Badge is the Applicant and have issued the ID Badge to the Applicant.

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73. Remote Issuer Signature

74. Date (mm/dd/yyyy)

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**G. Applicant Acknowledgement** (To be completed by Issuer after Section E has been completed)

I have read and understand the Privacy Act Statement and HHS ID Badge Rules that were given to me. I accept the HHS ID Badge and agree to abide by the HHS ID Badge Rules.

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75. Applicant Signature

76. Date (mm/dd/yyyy)

## **PRIVACY ACT STATEMENT** *(Applicant Copy)*

**Privacy Act Statement:** The information in this form is collected by the U.S. Department of Health and Human Services (HHS) for the purpose of issuing, renewing, updating or replacing an identification badge called the HHSID Badge and ordering any required background investigation, in order to facilitate and control your access to federal government facilities and computer systems. HHS will use the information provided on this form, in combination with other records maintained by HHS or the Office of Personnel Management (OPM) about you (e.g., fingerprint, e-QIP, and clearance background investigation records) to verify your identity, check your position, eligibility, and background investigation status, order an initial, updated, or different background investigation if required, update your privileges in the card management system controlling access to facilities and computer systems, and track and control the badge. The authority to collect this information is 5 U.S.C. § 301; Executive Order 10450; Presidential Memorandum on Upgrading Security at Federal Facilities, June 28, 1995; Homeland Security Presidential Directive 12 (HSPD-12), August 27, 2004; and HHS policy implementing HSPD-12, available at <https://hhs.gov.sharepoint.com/sites/asa/psc/rlo/isbs/Shared%20Documents/HSPD12%20101/HHS%20HSPD-12%20Policy/HHS%20HSPD-12%20Policy%20Update%202017.pdf>. Social Security Number (SSN) is requested if you do not yet have an HHSID number or do not know your HHSID number. HHS will use your HHSID number or SSN to retrieve the records used in combination with this form. The authority to collect SSN is Executive Order 9397 as amended by Executive Order 13478. HHS may disclose the information you provide on this form for purposes for which you provide prior, written consent, or without your consent for purposes permitted by the Privacy Act at 5 U.S.C. § 552a(b), which include routine uses published in System of Records Notice (SORN) 09-90-0777, available at <http://www.hhs.gov/foia/privacy/recordsnotices/09900777.html>. The routine uses include disclosures to: the Department of Justice, a court, or other government officials when the records are relevant and necessary to a law suit; the appropriate public authority (federal, foreign, state, local, tribal, or otherwise) to enforce, investigate, or prosecute when a record indicates a violation or potential violation of law or regulation; a Member of Congress or congressional staff member at your written request; the National Archives and Records Administration for records management inspections; authorized federal contractors, grantees, or volunteers who need access to the records to do agency work and who have agreed to comply with the Privacy Act; any source that has records an agency needs to decide whether to retain an employee, continue a security clearance, or agree to a contract, grant, license or benefit; federal, state, or local agencies, entities, individuals, or foreign governments to enable an intelligence agency to carry out its responsibilities; the Office of Management and Budget to evaluate private relief legislation; and to other federal agencies to notify them when your HHSID Badge is no longer valid. Providing the information is voluntary; however, if you do not provide all of the requested information, HHS may be unable to process your badge request or order any required background investigation, which would affect your access privileges. If use of the badge or the affected certain access privileges is a condition of your employment, not providing the information may prevent you from being able to work.

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ID BADGE RULES** *(Applicant Copy)*

The rules associated with the HHS ID Badge include but are not limited to

Do not attempt to clone, modify, or obtain data from any HHS ID Badge.

Protect and safeguard your ID Badge.

If your ID Badge is lost or stolen, you must report the missing ID Badge within 24 hours of noting its disappearance. Your ID Badge will be disabled and you will have to apply for a replacement.

If you become aware of any violation of these requirements or suspect that your ID Badge may have been used by someone else, immediately report that information to your agency's ID Badge issuing authority.

You must request a new ID Badge within 30 days in the event of any change which may affect the ability to determine that you are the individual associated with the ID Badge (e.g., name change). You will provide documentation showing the reason for any such change where applicable.

As part of the HHS exit process, you are to return your ID Badge to the designated official at your agency on your last day of employment at HHS or at the expiration of your authorized access to HHS facilities and/or IT systems.

Do not attempt to assist others in gaining unauthorized access to federal facilities or information. Accept responsibility for the whereabouts and conduct of any and all persons whom you have signed in (i.e., authorized admittance) to HHS facilities. All persons signed into HHS facilities are considered visitors. Only visitor badges will be issued.

Do not disclose or lend your identification number and/or password to someone else to gain access to HHS IT systems. They are for your use only and serve as your electronic signature. This means that you may be held responsible for the consequences of unauthorized access or illegal transactions.

## INVESTIGATION REQUEST

Date Submitted (mm/dd/yyyy): \_\_\_\_\_

### Investigation Requirement

1. First Name		2. Full Middle Name	3. Last Name
4. Other Name(s) Used			
5. Email Address			6. Phone #
7. Date of Birth (mm/dd/yyyy)	8. Place of Birth, City	9. Place of Birth, County	
10. Place of Birth, State	11. Place of Birth, Country	12. Social Security Number (XXX-XX-XXXX)	
13. U.S. Citizen Yes      No (Specify Citizenship)			
14. Have you lived in the U.S. for three of the last five years? Yes      No		15. Visa, Alien Registration Number or Passport info for non-US Citizen Yes      No	
16. Applicant is a		17. Position Title	
18. Position Sensitivity Designation/Investigation Type			
19. Is the subject a member of the USPHS Commissioned Corps? Yes      No	20. Has the Government ever completed a background investigation on the subject for the purpose of employment? Yes      No	21. Was this investigation for a security clearance? Yes      No	
22. When was this successfully completed?		23. Does the subject have a copy of the Certificate of Investigation? Yes      No	
24. Did the subject have a break in Government service, either as contractor or federal employee, longer than 24 months since your last investigation? Yes      No		25. Did the subject remain in the position for which you were investigated for a period of one year or more? Yes      No	
26. What is the subject's last expected date at the previous HHS agency?			

### HHS Service Requestor Information

27. HHS Service Requestor Name	
28. Position Title	29. Agency/Division
30. Work Phone	31. Email Address

### Financial Information

32. Requesting Agency's CAN	33. Agency's Obligor Document #:
34. Treasury Account Symbol (TAS)	35. Cost Center Code (for SSF Use Only)
36. Funds Certifying Official Name	37. Phone Number