



Date: _____
 HR/COR/Sponsor: _____
 Phone Number: _____
 Email Address: _____

- ☐ Employee
☐ Contractor
☐ Volunteer/Student
☐ Associate/Guest
☐ Foreign National *(See Note 1)

SUBJECT: Security Coversheet / Request for Investigation Coversheet

Name (First Middle Last)			
Other Names Used			
SSN			
Gender	Select One		
Email Address			
Country of Citizenship	199	Dual Citizenship	199
Visa Number			
Alien Registration Number			
Date of Birth			
Place of Birth (City, State, and Country)			
Position Title			
Position Sensitivity	Please select the appropriate position sensitivity/investigation type		
Nature of Action (If Employee)			
Geographic Code (If Employee)			
Bureau / Line Office	Please select the appropriate Bureau/Line Office		
Organization Code			
Duty Station	Please select the appropriate facility		
Contract Company			
Contract Number			
Start Date (EOD)			
End Date			
Accounting Code			
Supervisor & Supervisor Phone #			
Previous DOC Assignments			
Previous Federal / DOC Work Dates			
Badge Required *(See Note 2)	Select One		

* NOTES: 1) You must complete additional requirements listed in DAO 207-12 to obtain authorization for foreign national access to a DOC facility. Please contact your Servicing Security Office if you have any questions.

2) If a person is with DOC for:

<30 days: Fingerprint check is required; a non-HSPD-12 ID will be issued with applicable expiration date.

>30 days and <180 days: Fingerprint check is required and an OFI-86C (ACDH) is required; a non-HSPD-12 ID will be issued with applicable expiration date

>180 days: Requires the appropriate background investigation. An approved HSPD-12 will be issued.