Subject: Requests for Personnel Security Services

All requests for personnel security services must be submitted in writing to Departmental Administration.

Issue: USDA agencies and staff offices are required to submit written requests for personnel security services to DA. Presently, the agencies and staff offices submit written requests in a broad range of formats. This lack of standardization often results in required information not being submitted. In addition, several formats currently in use lack an authorizing signature.

Date Issued: September 1, 2002
Effective Date: September 1, 2002

Scope and Effect: This is an internal advisory document for use by USDA personnel involved in implementing USDA’s personnel security program.

Supersession: This Bulletin does not supercede any previous guidance issued.

New Procedure: USDA agencies and staff offices are strongly encouraged to utilize the electronic Microsoft Word® version of the Request for Personnel Security Services form. In the event that an agency or staff office elects to use an alternate written format to request personnel security services, the request must contain all the information contained in the form provided by OCPM.

No matter what format the written request is in, an authorizing signature will now be required for requests for personnel security services. This signature must be from an official with the authority to expend funds to compensate the Office of Personnel Management (OPM) for the cost of inspection. In the case of requests for a security clearance, the signature must be from an official with the authority to request security clearances. The authorized official may delegate the authority to sign requests by submitted to a memorandum to OCPM to that effect.

The Microsoft Word® version of the Request for Personnel Security Services can be found at USDA Personnel Security Web Page. From this web site the document can be downloaded and completed.
Exceptions to this Procedure: No exceptions are necessary since this is an option being afforded to those who wish to avail themselves of it.

Background: Presently, USDA agencies and staff offices have each developed their own written format for requesting personnel security services from DA. Because of this, many requests that come into OCPM are missing one or more essential pieces of information or lack an authorizing signature.

This lack of standardization also led to OCPM, on occasion, to misunderstand what services were being requested. As an example, in some cases, the agency or staff office desired expedited service, but failed to mention it in their written request.

In addition, most agencies and staff offices prepare a memo to accompany each request, instead of completing a simple form. DA has developed such a form in a Microsoft Word® template format that can be completed on a desk top computer and printed out.

Further Information: For further information, please contact OCPM’s Personnel Security Division at 202 720-7373.

Note: Attached is a sample of the Request for Personnel Security Services form.
REQUEST FOR PERSONNEL SECURITY ACTION
U.S. DEPARTMENT OF AGRICULTURE

Instructions: Complete ALL of the information below and attached it to the appropriate paperwork.

The following action is requested on the individual named below:

- [ ] INITIAL INVESTIGATION
- [ ] SECURITY CLEARANCE REQUEST
- [ ] REINVESTIGATION
- [ ] UPGRADE SECURITY CLEARANCE
- [ ] CANCEL EXISTING SECURITY CLEARANCE

**EMPLOYEE INFORMATION**

1. NAME: 
2. [ ] EMPLOYEE [ ] CONTRACTOR
3. POSITION TITLE: 
4. DOB/POB:

**JOB INFORMATION**

5. USDA AGENCY: 
6. DUTY LOCATION:

**SECURITY INFORMATION**

7. NATIONAL SECURITY POSITION (SF86): [ ] YES [ ] NO, GO TO QUESTION #8
   - POSITION SENSITIVITY LEVEL: [ ] SPECIAL-SENS [ ] CRITICAL-SENS [ ] NON-CRITICALSENS
   - TYPE OF CLEARANCE: [ ] SCI [ ] TOP SECRET [ ] SECRET [ ] CONFIDENTIAL [ ] NONE REQUIRED
   - SECURITY CLEARANCE JUSTIFICATION: (REQUIRED)

8. PUBLIC TRUST POSITION (SF85/SF85P): [ ] YES [ ] NO
   - POSITION SENSITIVITY LEVEL: [ ] HIGH RISK [ ] MODERATE RISK [ ] LOW RISK

9. TYPE OF INVESTIGATION

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10. ACCOUNTING INFORMATION

   OPAC-ALC:
   
   AGENCY DATA:

11. REMARKS/NOTES:

12. REQUESTED BY: ___________________________
   
   AUTHORIZING SIGNATURE

13. DATE / /

14. POINT OF CONTACT: 
   NAME ____________________ PHONE _____________