Directives and Standards

Form A1. Bureau of Reclamation Request for Waiver of Pre-Appointment Investigative Requirement for a Critical-Sensitive Position Approval Form (Non-Law Enforcement).

U.S. DEPARTMENT OF THE INTERIOR REOUEST FOR WAIVER OF PRE-APPOINTMENT INVESTIGATIVE REOUIREMENT FOR A CRITICAL-SENSITIVE POSITION (Non-Law Enforcement) ORIGINATING MANAGEMENT OFFICE (where candidate is to be appointed) CANDIDATE'S NAME PROPOSED POSITION TITLE **ORGANIZATION** PROPOSED EOD (DATE) A waiver of the pre-appointment 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). 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 (or designee) (send to 84-45000) The results of the mandatory checks listed in 441 DM 4 are attached. 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) ORIGINAL: EMPLOYEE'S OPF cc: EMPLOYEE'S SECURITY FILE - 1

Modification B1 of DI-1912

Directives and Standards

Form A2. Bureau of Reclamation Pre-Appointment Background Check List for Critical Sensitive Positions (Non-Law Enforcement).

Date: Positio	on Applied For:
Name:	DOB:
SSN:	POB:
Home Address:	
MANDATORY PRE-APPOINTMENT	CHECKS IN SUPPORT OF A WAIVER REQUEST
REQUESTING OFFICE RESPONSIBILITY: (attach all re	results)
* Driver's 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
HR OFFICE RESPONSIBILITY: (attach a copy of each fo	orm)
* 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 Ad	ddress: Phone:
SSLE RESPONSIBILITY:	
* OPM/Security Investigation Index (SII):	Yes No No Record
* Signed SF-86 general release & FCRA form:	Yes No
* 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)
Data & 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

Directives and Standards

Form A3. Bureau of Reclamation Request for Waiver of Pre-Appointment Investigative Requirement for a Non-Critical/Critical-Sensitive Law Enforcement Officer (LEO) Position Approval Form.

U.S. DEPARTMENT OF THE INTERIOR REOUEST FOR WAIVER OF PRE-APPOINTMENT INVESTIGATIVE REOUIREMENT FOR A NON-CRITICAL/CRITICAL-SENSITIVE LEO POSITION ORIGINATING MANAGEMENT OFFICE (where candidate is to be appointed) CANDIDATE'S NAME PROPOSED POSITION TITLE ORGANIZATION PROPOSED EOD (DATE) A waiver of the pre-appointment 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 nor receive delegation of law enforcement authority 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). 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 Noncritical/Critical-Sensitive position pending completion of the required investigation. SIGNATURE & DATE PRINTED NAME RECLAMATION SECURITY OFFICER (or designee) (send to 84-45000) The results of the mandatory Pre-appointment Background Check in 446 DM 2 are attached. SIGNATURE & DATE PRINTED NAME BUREAU DIRECTOR of LAW ENFORCEMENT - APPROVAL SIGNATURE & DATE PRINTED NAME DIRECTOR, OFFICE OF LAW ENFORCEMENT AND SECURITY - APPROVAL 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 B3 of DI-1912

Directives and Standards

Form A4. Bureau of Reclamation Pre-Appointment Background Check Form for Non-Critical/Critical Sensitive Law Enforcement Positions.

Pre-appointment Background Check in support of an Investigative Requirement Waiver Request Check List		
Date: Position Applied For:		
Name:	DOB:	
SSN:	POB:	
II Address		
Home Address:		
MANDATORY PRE-APPOINTMENT CHECKS IN SUPPORT OF A WAIVER REQUEST		
REQUESTING OFFICE RESPONSIBILITY: (attach all 1	results)	
* Driver's 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	
HR OFFICE RESPONSIBILITY: (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 A	ddress: Phone:	
SSLE RESPONSIBILITY:		
* OPM/Security Investigation Index (SII):	Yes No No Record	
* Signed SF-86 general release & FCRA form:	Yes No	
* 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:	YesNo	
* 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