

# 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 (Non-Law Enforcement).**

<b>U.S. DEPARTMENT OF THE INTERIOR REQUEST FOR WAIVER OF PRE-APPOINTMENT INVESTIGATIVE REQUIREMENT FOR A CRITICAL-SENSITIVE POSITION (Non-Law Enforcement)</b>	
<b>ORIGINATING MANAGEMENT OFFICE (where candidate is to be appointed)</b>	
CANDIDATE'S NAME	PROPOSED POSITION TITLE
ORGANIZATION	PROPOSED EOD (DATE)
<p>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).</p>	
IMMEDIATE SUPERVISOR SIGNATURE & DATE	PRINTED NAME
HIGHER LEVEL SUPERVISOR SIGNATURE & DATE	PRINTED NAME
<b>SERVICING HUMAN RESOURCES OFFICER (or designee)</b>	
<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
<b>RECLAMATION SECURITY OFFICER (or designee)</b> (send to 84-45000)	
<p>The results of the <u>mandatory</u> checks listed in 441 DM 4 are attached.</p>	
SIGNATURE & DATE	PRINTED NAME
<b>HEAD OF BUREAU – APPROVAL (Delegated to the SSLE Director or designee)</b>	
SIGNATURE & DATE	PRINTED NAME
<b>ATTACHMENTS: (1) Justification for this Request, &amp; (2) Results of Mandatory Checks (DI-1990)</b>	
<p>ORIGINAL: EMPLOYEE'S OPF cc: EMPLOYEE'S SECURITY FILE - 1</p>	

Modification B1 of DI-1912

# Reclamation Manual

## Directives and Standards

### Form B2. Bureau of Reclamation Pre-Appointment Background Check List for Critical Sensitive Positions (Non-Law Enforcement).

Pre-appointment Background Check in support of an Investigative Requirement Waiver Request Check List

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ POB: \_\_\_\_\_

Home Address: \_\_\_\_\_

#### **MANDATORY PRE-APPOINTMENT CHECKS IN SUPPORT OF A WAIVER REQUEST**

**REQUESTING OFFICE RESPONSIBILITY:** (attach all 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 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: \_\_\_\_\_

**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)

\_\_\_\_\_  
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

# Reclamation Manual

## Directives and Standards

**Form B3. Bureau of Reclamation Request for Waiver of Pre-Appointment Investigative Requirement for a Non-Critical/Critical-Sensitive Law Enforcement Officer (LEO) Position Approval Form.**

<b>U.S. DEPARTMENT OF THE INTERIOR</b>	
<b>REQUEST FOR WAIVER OF PRE-APPOINTMENT INVESTIGATIVE REQUIREMENT FOR A NON-CRITICAL/CRITICAL-SENSITIVE LEO POSITION</b>	
<b>ORIGINATING MANAGEMENT OFFICE (where candidate is to be appointed)</b>	
CANDIDATE'S NAME	PROPOSED POSITION TITLE
ORGANIZATION	PROPOSED EOD (DATE)
<p>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).</p>	
IMMEDIATE SUPERVISOR SIGNATURE & DATE	PRINTED NAME
HIGHER LEVEL SUPERVISOR SIGNATURE & DATE	PRINTED NAME
<b>SERVICING HUMAN RESOURCES OFFICER (or designee)</b>	
<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 Noncritical/Critical-Sensitive position pending completion of the required investigation.</p>	
SIGNATURE & DATE	PRINTED NAME
<b>RECLAMATION SECURITY OFFICER (or designee)</b> (send to 84-45000)	
<p>The results of the <u>mandatory</u> Pre-appointment Background Check in 446 DM 2 are attached.</p>	
SIGNATURE & DATE	PRINTED NAME
<b>BUREAU DIRECTOR of LAW ENFORCEMENT - APPROVAL</b>	
SIGNATURE & DATE	PRINTED NAME
<b>DIRECTOR, OFFICE OF LAW ENFORCEMENT AND SECURITY - APPROVAL</b>	
SIGNATURE & DATE	PRINTED NAME
<p><b>ATTACHMENTS: (1) Justification for this Request, &amp; (2) Results of Mandatory Checks (DI-1990)</b>          ORIGINAL: EMPLOYEE'S OPF          cc: EMPLOYEE'S SECURITY FILE - 1</p>	

Modification B3 of DI-1912

# Reclamation Manual

## Directives and Standards

### Form B4. 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: \_\_\_\_\_

Home Address: \_\_\_\_\_

#### **MANDATORY PRE-APPOINTMENT CHECKS IN SUPPORT OF A WAIVER REQUEST**

**REQUESTING OFFICE RESPONSIBILITY:** (attach all 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 Address: \_\_\_\_\_ 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)

\_\_\_\_\_  
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