

# The Position Designations and Investigations Process



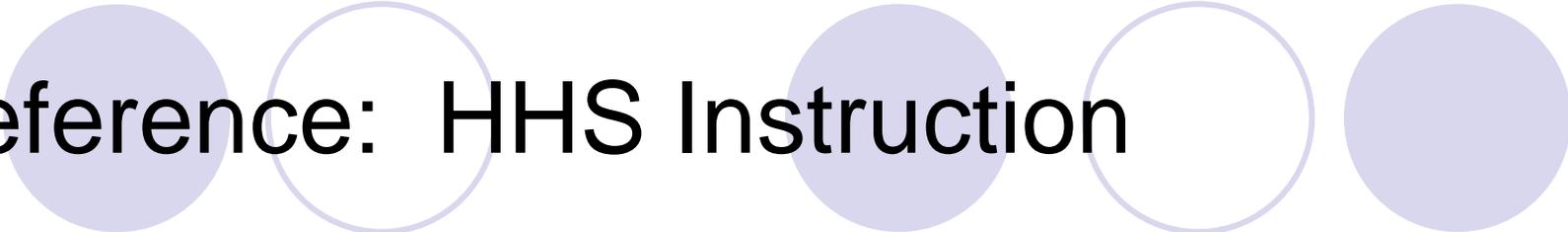
Government Employee Training  
on OPM Form Completion

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# Important Document Links

- NIH IT Security Policies:  
[http://irm.cit.nih.gov/security/sec\\_policy.html](http://irm.cit.nih.gov/security/sec_policy.html).
- New DHHS Policies:  
[http://intranet.hhs.gov/infosec/policies\\_guides.html](http://intranet.hhs.gov/infosec/policies_guides.html)  
holds the finalized portion of over 30 new guides replacing the AISSP.
- The AISSP document:  
<http://irm.cit.nih.gov/policy/aissp.html> shows the older AISSP document.



# Reference: HHS Instruction

- HHS Transmittal 98.1, Personnel Manual, Issued January 8, 1998
  - HHS Instruction 731-1
    - Policy, page 2, “Every department position, including those occupied by Commission Corps officers and those of contractors, must be designated with a sensitivity level.”
    - Policy, page 3, “All employees and contractors must...be subject to personnel investigation requirements.”

# Primary Guide - OPM

- “Requesting OPM Personnel Investigations”, OPM IS-15, dated May 2001, US OPM Investigations Service
- Federal Investigations Processing Center (FIPC): 724-794-5228
  - OPM-FIPC, PO Box 618, 1137 Branchton Road
  - Boyers, PA, 16018-0618
- All OPM SF-85 and SF-85P packages are submitted to OPM.

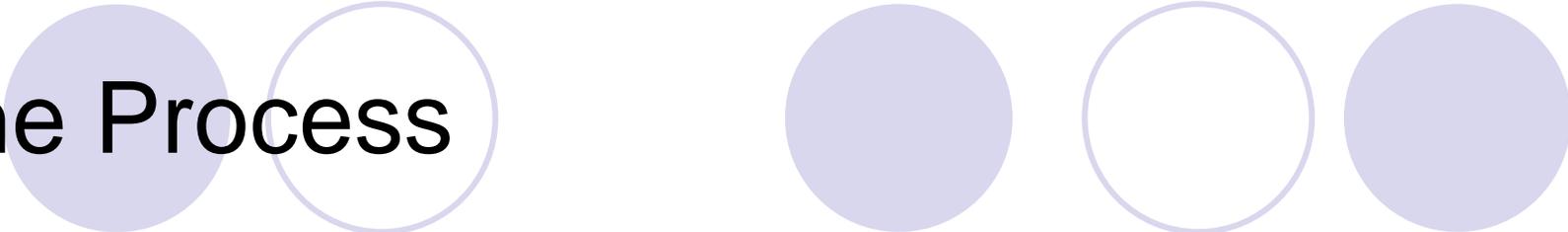
# Sensitivity Levels - Specific

Sensitivity Level	Description	Investigation Result	Type of Investigation
Level 1	Non-sensitive	Suitability Determination	NACI Use SF-85
Level 5	Sensitive – Moderate	Suitability Determination	MBI or LBI Use SF-85P
Level 6	Sensitive – High	Suitability Determination	BI Use SF-85P

# Sensitivity Levels - Described

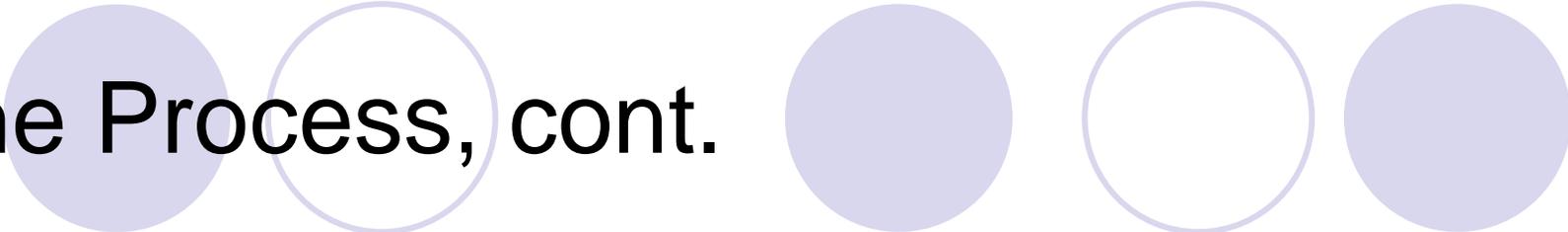
Level 1 NACI	Basic	For usual non-sensitive work	Agency Checks
Level 5 MBI	Sensitive, but low	Borderline cases and limited scope	Minimum Background Investigation
Level 5 LBI	Sensitive, moderate	Those with privileges and scope	Limited Background Investigation
Level 6 BI	Sensitive High	Few unless the position rating demands level	Background Investigation

# The Process



- A position receives a sensitivity category
- Employee assigned to the position must be investigated and cleared at a level equivalent to the sensitivity of the position
- A need for an investigation could be due to:
  - a new position or a change of duties to an existing one;  
or
  - a renewal of an older investigation
- Employee provides a completed background investigation package to HR

# The Process, cont.



- HR must ensure the investigation package is complete and error free
- The employee may not start official work (involving sensitive data) on the assigned position until the package is complete and submitted to NIH IT Security authorities.
- SF-85 Forms are sent directly to OPM
- SF-85P Forms are sent to NIH, HHS, and OPM, in that order.

# Level 5 and 6 Process

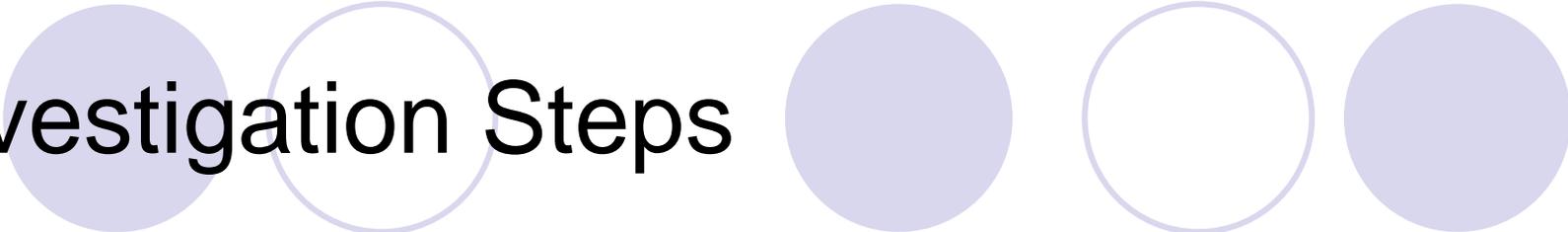
- These are ‘investigations’ -- not ‘clearances’.
- The MBI/LBI/BI investigations vary by degree of confirmation (mostly).
- SF-85P (please visit the tips section at: <http://www.niehs.nih.gov/isso/background/procedure.htm>)
- HR does not sign the 85P forms, but will insert all the Agency use information, including a CAN number for OPM.
- HR mails the “package” to NIH



# The Investigation 'Package'

- HHS Credit Release Form
- SF 87, Official Fingerprints (2 copies)
- OF306, Declaration of Federal Employment - Questionnaire for Public Trust Positions
- SF85P, Questionnaire for Public Trust
- Candidate's Resume
- Cover letter prepared by NIH HR.

# Investigation Steps



- Person in a designated position is informed of requirement for investigation through management
- Person fills out forms and provides to HR
- An NIH Human Resources (HR) ‘official reviewer’ approves or rejects package based on completeness of forms only;
- Once complete, HR signs cover letter and forwards package to NIH IT security authorities.

# Fingerprint Form & Procedure

- Official Fingerprints (2 copies)
  - Use SF87 for federal workforce
- BE CAREFUL not to smudge the cards
- Do not bend the cards
- If not clear and clean, ask for a new card.

QUESTIONNAIRE FOR  
 PUBLIC TRUST POSITIONS

OPM USE ONLY		Codes			Case Number			
<b>Agency Use Only (Complete items A through P using instructions provided by USOPM)</b>								
<b>A</b> Type of Investigation	<b>B</b> Extra Coverage	<b>C</b> Sensitivity/Risk Level	<b>D</b> Computer ACP	<b>E</b> Nature of Action Code	<b>F</b> Date of Action			
<b>G</b> Geographic Location	<b>H</b> Position Code		<b>I</b> Position Title					
<b>J</b> SON	<b>K</b> Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code
<b>L</b> SOI	<b>M</b> Location of Security Folder	None At SOI NFI	Other Address					ZIP Code
<b>N</b> OPAC-ALC Number		<b>O</b> Accounting Data and/or Agency Case Number						
<b>P</b> Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

**1** FULL NAME: If you have only initials in your name, use them and state (IO). If you are a "Jr.," "Sr.," "III," etc., enter this in the box after your middle name. If you have no middle name, enter "NMN".

**2** DATE OF BIRTH: Month Day Year

**3** PLACE OF BIRTH: Use the two letter code for the State. Country (if not the United States)

**4** SOCIAL SECURITY NUMBER

**5** OTHER NAMES USED: #1, #2, #3, #4

**6** OTHER IDENTIFYING INFORMATION: Height, Weight, Hair Color, Eye Color, Sex

**7** TELEPHONE NUMBERS: Work, Home

**8** CITIZENSHIP: a, b, c, d, e

**9** UNITED STATES CITIZENSHIP: Naturalization Certificate, Citizenship Certificate, State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

**10** DUAL CITIZENSHIP: If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

**11** ALIEN: If you are an alien, provide the following information: City, State, Date You Entered U.S., Alien Registration Number, Country(ies) of Citizenship

THE SF 85P

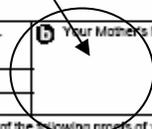
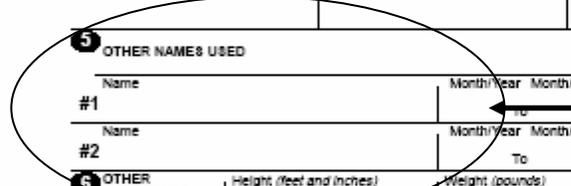
QUESTIONNAIRE FOR  
PUBLIC TRUST POSITIONS

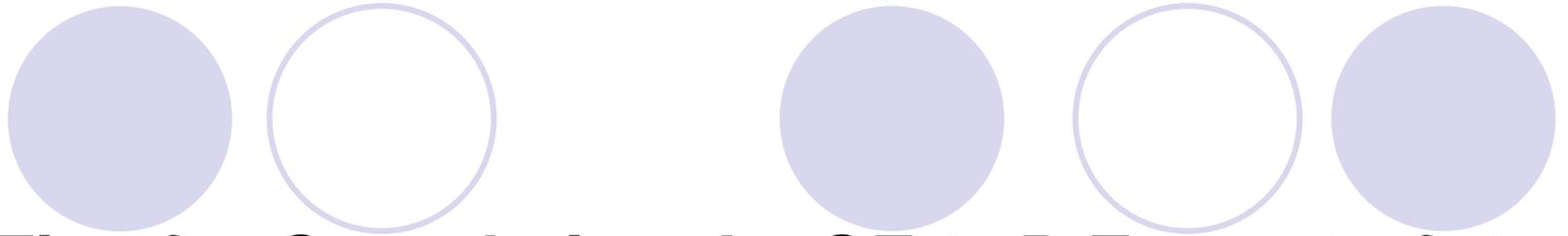
OPM USE ONLY		Codes		Case Number				
<b>Agency Use Only (Complete items A through P using instructions provided by USOPM)</b>								
A Type of Investigation	B Extra Coverage	C Sensitivity/Risk Level	D Comput. ADP	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code
L SOI	M Location of Security Folder	None At SOI NFI	Other Address					ZIP Code
N OFAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

<b>1 FULL NAME</b> Last Name	First Name	Middle Name	Jr., II, etc.	<b>2 DATE OF BIRTH</b> Month	Day	Year
<b>3 PLACE OF BIRTH</b> City			County	State	Country (if not in the United States)	<b>4 SOCIAL SECURITY NUMBER</b>
<b>5 OTHER NAMES USED</b>						
#1 Name		Month/Year	Month/Year	To		Month/Year
#2 Name		Month/Year	Month/Year	To		Month/Year
<b>6 OTHER IDENTIFYING INFORMATION</b> Height (feet and inches)		Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box) Female <input type="checkbox"/> Male <input type="checkbox"/>	
<b>7 TELEPHONE NUMBERS</b> Work (Include Area Code and extension) Day Night ( )		Home (Include Area Code) Day Night ( )				
<b>8 CITIZENSHIP</b> Mark the box at the right that reflects your current citizenship status, and follow its instructions.		I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d.			b Your Mother's Maiden Name	
		I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d.				
		I am not a U.S. citizen. Answer items b and e.				
<b>9 UNITED STATES CITIZENSHIP</b> If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.						
Naturalization Certificate (Where were you naturalized?)						
Court	City	State	Certificate Number	Month/Day/Year Issued		
Citizenship Certificate (Where was the certificate issued?)						
City	State	Certificate Number	Month/Day/Year Issued			
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States						
Give the date the form was prepared and give an explanation if needed.		Month/Day/Year	Explanation			
U.S. Passport						
This may be either a current or previous U.S. Passport			Passport Number	Month/Day/Year Issued		
<b>10 DUAL CITIZENSHIP</b> If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.						
Country						
<b>11 ALIEN</b> If you are an alien, provide the following information:						
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship	

**Audit Check  
Trouble Spots**

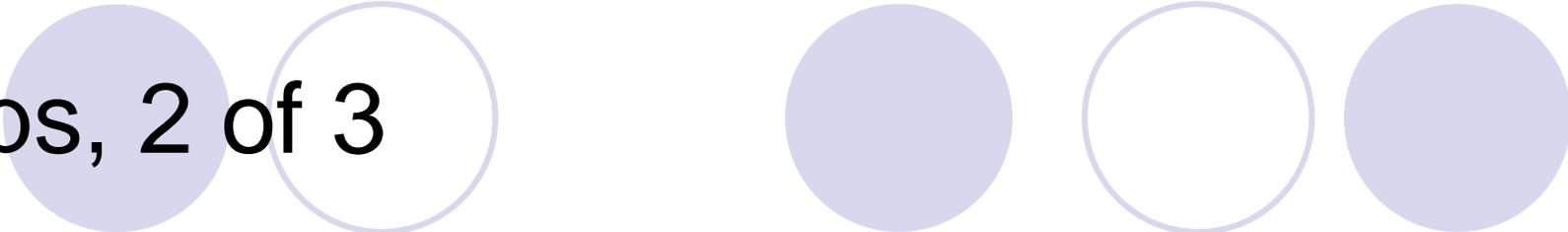




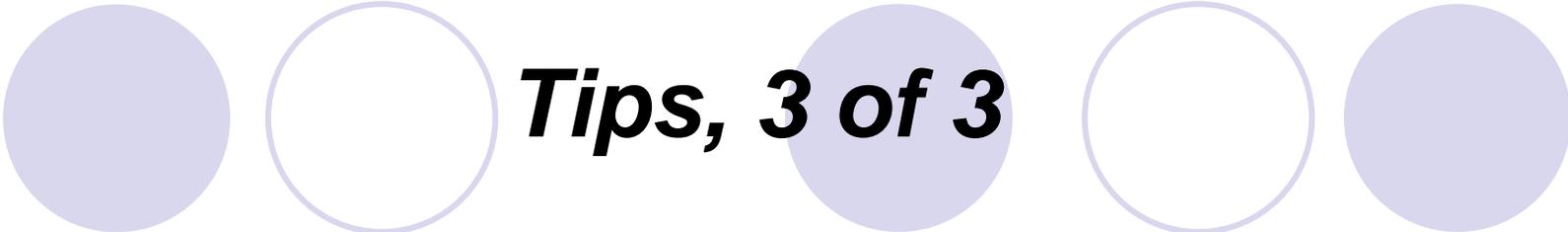
## ***Tips for Completing the SF-85P Form, 1 of 3***

- *There are many contacts that must be identified and the information for each must be complete and current.*
- *You must fill in every ‘requested’ blank – the form will be rejected if any answers are missing.*

## Tips, 2 of 3



- *You must write 'N/A' in a 'requested' blank if there is nothing to note (e.g., two citizenships or 'other names' you go by).*
- *You may also note on the form 'Do not remember' or provide a similar comment, but a response is required to every requested question and all information on the form must be complete/specific.*



## ***Tips, 3 of 3***

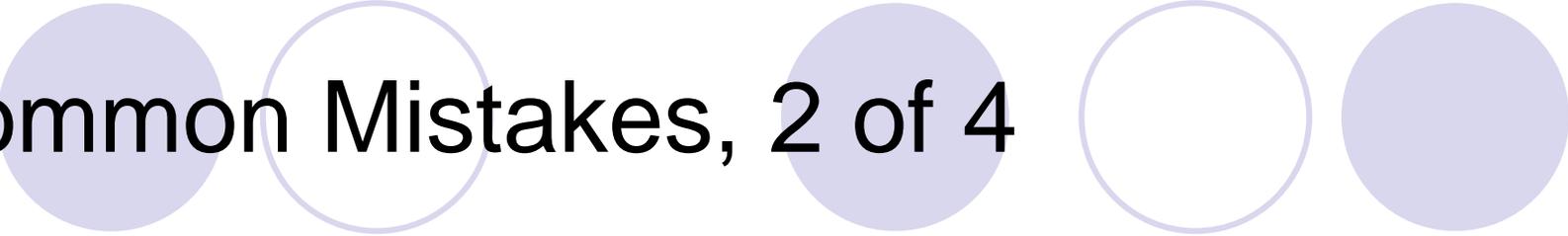
- Call your references to obtain a current and complete address. The OPM investigators who review the forms will contact each person identified on the forms by mail or telephone, so up-to-date information is required.
- Read the instructions carefully for each question before answering. Instruction #4 explains that you must initial and date changes to the form so that the reviewer can determine when those changes were made. If you have many handwritten corrections that are not initialed and dated, the form will be rejected.



# Common Mistakes that get forms rejected – 1 of 4

- No initials and date for scratch-outs/corrections
- Not filling in each blank requested completely
- Not noting N/A or listing something for Item 5
- Not showing a choice for Item 8b.
- Leaving 8d blank (e.g., user must use N/A)
- Missing a checkbox
- Missing an area code for a phone number

# Common Mistakes, 2 of 4



- Not providing full information for each reference name you begin – if you start a reference, you must fill-out every requested blank or use a different reference!
- Not providing a Social Security Number with each page.
- Not properly completing Item 10 due to confusing instructions – list all degrees to avoid questions.
- Not explaining any areas of overlap or periods of no employment. You must show the period of unemployment as its own notation.

# Common Mistakes, 3 of 4

- Not using “to present” – you should use “to present” for dates where applicable, rather than “to today” or “to date”.
- Not providing the special number assigned to selective service individuals. Use <https://www.sss.gov/> to note the actual unique number for your registration.
- Not signing the medical release inside the primary form AND the primary form.

# Common Mistakes, 4 of 4

- Leaving a requested area blank – you must instead write in statements such as ‘do not remember’ or ‘not applicable’ to show the question has been answered.  
*Exception:* Section 18 of the OF306 may be left blank if not applicable to you.
- Not retrieving applicable military records such as DD Form 214 for dates and information. The investigator will compare your answers to those forms.
- Submitting flawed, smudged, or bent fingerprint cards (two cards required). Cards must be nearly flawless to be accepted.

# Before You Sign and Send

- Quality checks of the form are performed by NIH HR and OPM to be sure:
  - Is everything filled out
  - Are all corrections signed and dated
  - Are all common mistakes addressed
  - Has HR completed the top section
- NIH HR performs the only quality review check for NIEHS.

# Suitability or Fitness Decision

- The investigating organization returns a letter of recommendation to NIH and NIEHS on the suitability of the applicant for the investigation level
- Where investigation results are favorable, NIH or NIEHS security officials approve the individual at the appropriate level for that position

# Questions?

- Contact Rob LeVine

NIEHS ISSO

919-541-7559

Email: [levine1@niehs.nih.gov](mailto:levine1@niehs.nih.gov)

This training presentation is maintained at web link:

<http://www.niehs.nih.gov/isso/background/background.htm>