BIE/BIA eQIP Request Form

Personal Information

* Full Legal Name	
* Social Security Number	
* Date of Birth	
* City and State / Country of Birth	
* E-mail address	
Identified as an Emergency Responder (True or False)	

eQIP Information				
Official Title of Applicant				
Supervisor's Name and Work E-mail				
* Organizational Code	K00371 - Division of Transp	portation (ABQ)		
Duty Station (City/State)				
* Account Number / Cost Code	Fund :	16XA8083HT		
	Functional Area :	AM65PE0002.999900		
	Cost Center :	AAK3003700		
	WBS :	AT.K4T41500.00000		
Is this	New Employee	Transfer	Contractor	
	Change is Position	□ Reinvestigation	Other Federal Employee	
	□ Volunteer	Tribal User	(Other Fed. Agency)	
	Short Term Emergency Response	Personnel		
Position Sensitivity / Risk Designation (Check appropriate box):	Low Risk	🗌 High Risk (BI)		
	Moderate Risk (MBI)	Critical Sensitive		
	Child Care Duties (CNACI)	□ Special Sensitive	□ Non Critical Sensitive	
If this position requires National Security access, what level?	Confidential	Top Secret		
	□ Secret	□ Sensitive Compartmental		

Background Check Results (completed by Personnel Security Office)

Type of Investigation / Date Completed		
	Approve for EOD via confirmed investigation	
	Approved for EOD, but requires a new investigation because:	
	\Box Investigation on file is not high enough for new position	
	□ Other	
	Not approved for EOD because:	
	□ No record on file	
	\Box Investigation on file is out of date/not appropriate for position	
	\Box Individual has more that a 24-month break in service	
Other Information		

other information		
SPOC / HR Representative / COTR: Name & Phone Number	Sheldon O. Kipp, Government Approver, 505.563.3322	

NOTE: Please write legibly or type information into the form. ALL * fields must be completed before submitting.

Fax to: BIA Personnel Security (505) 563 - 3039

Questions: contact Lara Willie at 505.563.5294 or lara.willie@bia.gov

eQIP initiated by:	
Date:	

eQIP Request ID number:	
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