BIE/BIA eQIP Request Form

Personal Information	
*Full Legal Employee	1 VISONIM AMOUNTAIN
*Social Security Number	
*Date of Birth	
*City and State/Country of Birth	
<u> </u>	
*Email Address	
Identified as an Emergency	
Responder (True or False)	
eQIP Information	
Official Title of Position	
Supervisor's Name and Work Email	
Organizational Code	
Duty Station (City/State)	
Account Number/Cost Code	☐ New Employee ☐ Transfer ☐ Contractor
	Change in position Reinvestigation
Is this	Volunteer Tribal User
	Short Term Emergency Response Personnel
Desition Consitivity/Diels Designation	Low Risk Non Sensitive High Risk (BI)
Position Sensitivity/Risk Designation (Check appropriate box):	☐ Moderate Risk (MBI) ☐ Critical Sensitive
(спеск арргориате вох).	☐ Child Care Duties (CNACI) ☐ Special Sensitive ☐ Non Critical Sensitive
If this position requires National	☐ Confidential ☐ Top Secret
Security access, what level?	Secret Sensitive Compartmented
Background Check Results	
(completed by Personnel Security Office)	
Type of Investigation/ Date Completed	
	Approved for EOD via confirmed investigation.
	Approved for EOD but requires a new investigation because:
	Investigation on file is not high enough for new position.
	Other Not approved for EOD because:
	No record on file.
	☐ Investigation on file is out of date/not appropriate for position
	Individual has more than a 24 month break in service.
Other Information	
SPOC/HR Representative/COTR	
Name/Phone Number	
NOTE: Please write legibly or type information into the form. ALL fields must be completed for before submitting.	
Fax to: BIA Personnel Security 505-563-3039	
eQIP initiated by:	
Date:	
eQIP Request ID number:	
to a request in number.	

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