

**Department of Veterans' Affairs
Security and Investigations Center
Employee Background Investigation Request Worksheet
If you need assistance, please Call: 501-257-4017**

VA Organization: VISN #: Reciprocal Request:

Please complete all of the following fields for each subject:

Duty Station Name – City/State: Station #:

Station to be billed – City/State: Station #:

Applicant Name –

Last:

First:

Middle:

SSN:

DOB:

Email:

Phone:

Place of Birth - City:

State:

Country:

Job Title:

Civil Service Job Series Code:

Grade:

Type of investigation requested: NACI BI MBI SSBI LBI
(check one) ANACI PRI NACLCL SSBI-PR

Does this person require access to classified information: SECRET TOP SECRET NONE
(check one)

HR Contact – First Name:

Last Name:

Email:

Phone:

HR Suitability Contact –

First Name:

Last Name:

Email:

Phone:

Complete Mailing Address:

City:

State:

Zip Code:

Notes: