DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR SECURITY CLEARANCE

For Access to Classified National Security Information

Date:

INSTRUCTIONS: The Personnel Security Representative of employee's organization shall submit to the Personnel Security Division, Office of National Security (ONS), this completed request form and, if necessary, a memorandum explaining any known security, suitability or misconduct information about this employee. The clearance justification statement must specifically explain the need for access to classified national security information and the highest level of access required.

It is requested that a security clearance be granted to the below named employee to permit access to information and material classified up to and including the checked clearance level and information access. (Select One)

Note: SCI includes a Top Secret national security clearance.

☐ Confidential ☐ Secret ☐ Top Secret ☐ DOE Q ☐ Sensitive Compartmented Information (SCI)

Employee Name	Title	Division	
Bureau	Agency	Last 4 SSN	GRADE

Justification:

Please select if this request is for an Interim Secret ☐ **or Interim Top Secret** ☐ **Reciprocity:** ☐ **Yes** ☐ **No**

Date of Last Investigation: _____ **Investigation Type:** _____

REQUESTED BY (Supervisor Signature)	Title

I concur with the justification statement above relating to my need for a security clearance. If granted, I will be required to sign a Nondisclosure Agreement at the time of my initial security briefing. I am also aware that because this is a national security position, I will be subject to random drug testing under the HHS Drug-Free Workplace Program.

Employee's Signature		Date
Print Name OPDIV/STAFFDIV Dir/Dep Dir or Designee	Signed Name OPDIV/STAFFDIV Dir/Dep Dir or Designee	Date
Print Name of Security Representative/Security Liaison	Signed Name of Security Representative/Security Liaison	Date

(Electronic signatures are acceptable)

CERTIFICATE OF SECURITY CLEARANCE

This is to certify that the above named employee has been cleared for access to classified national security information up to and including the _____ level on a need-to-know basis.

Clearance is based on:

Signature of Personnel Security, Office of National Security	DATE

The Personnel Security Representative is responsible for the security briefing of the employee. Security Clearance does not become effective until employee has had a security briefing and signs a SF-312, Classified Information Nondisclosure Agreement.

PRIVACY ACT STATEMENT

The legal authority for the collection of information on this form is authorized by the Social Security Act (section 1155 of Title XI and sections 1852(g)(5), 1860D-4(h)(1), 1869(h)(I), and 1876 of Title XVIII). The information provided will be used to further document your appeal. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal. Information you furnish on this form may be disclosed by the Office of Medicare Hearings and Appeals to another person or governmental agency only with respect to the Medicare Program and to comply with Federal laws requiring the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.