

SECTION 2: EMPLOYEE'S CLEARANCE INFORMATION (Completed by SEC)

19. CLEARANCE LEVEL <input type="checkbox"/> FACILITY ACCESS <input type="checkbox"/> SECRET <input type="checkbox"/> TOP SECRET	20. TYPE OF INVESTIGATION <input type="checkbox"/> ANACI <input type="checkbox"/> MBI <input type="checkbox"/> SSBI <input type="checkbox"/> SSBI-PR <input type="checkbox"/> OTHER:	21. DATE OF INVESTIGATION DD/MM/YYYY:	22. DATE CLEARANCE WAS GRANTED DD/MM/YYYY:	23. ELIGIBLE FOR CROSSOVER <input type="checkbox"/> YES <input type="checkbox"/> NO
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24. ACTION

ELIGIBLE TO SUBMIT SCI REQUEST (*SUBMIT THIS FORM TO ES*)

NOT ELIGIBLE TO SUBMIT SCI REQUEST AT THIS TIME BECAUSE SUBJECT DOES NOT CURRENTLY HOLD A TOP SECRET CLEARANCE

PERIODIC REINVESTIGATION NEEDED (*SEC WILL CONTACT EMPLOYEE TO BEGIN THE PR PROCESS*)

OTHER:

25. SEC SECURITY SPECIALIST	26. PHONE NUMBER	27. DATE
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SECTION 3: EXECUTIVE SECRETARIAT APPROVAL (Completed by ES)

28. SCI PROCESSING APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	29. PRIORITY (IF APPROVED) <input type="checkbox"/> EXPEDITE <input type="checkbox"/> ROUTINE	30. REASON (IF DISAPPROVED)
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31. EXECUTIVE SECRETARY	32. PHONE NUMBER	33. DATE
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REQUEST FOR SCI ACCESS

Instructions for Completion

SECTION 1 - EMPLOYEE INFORMATION (Completed by AMS)

1. **EMPLOYEE NAME:** Enter the employee's full legal name--the last name first, first name, then middle name.
2. **SSN:** Enter the last 4 digits of the employee's Social Security number.
3. **PREVIOUS SCI:** If the employee has had SCI in the past, check YES; if not, check NO.
4. **POSITION TITLE:** Enter the employee's position title.
5. **POSITION DESCRIPTION:** Refer to the Agency's staffing pattern and select the position description.
6. **POSITION SEQUENCE NUMBER (IP#):** Refer to the Agency's staffing pattern and enter the position sequence number.
7. **POSITION SENSITIVITY CODE (SEC):** Refer to the Agency's staffing pattern and select the sensitivity code.
8. **PUBLIC TRUST CLASSIFICATION (PT):** Refer to the Agency's staffing pattern and select the level of public trust.
9. **DURATION SCI ACCESS IS NEEDED:** If the employee will only require SCI access for a specified amount of time, enter the start and end dates the access will be needed. *(For example if the applicant is a PSC, enter the contract dates; if the applicant will need SCI access to attend a college, enter the dates of attendance, etc.)*
10. **EMPLOYMENT CATEGORY:** Select the category for the employee's position. *(If OTHER, please specify)*
11. **DUTY STATION:** Select whether the employee will be stationed in AID/Washington or overseas. *(If in AID/Washington, enter Bureau; If overseas mission, enter post location)*
12. **JUSTIFICATION FOR SCI ACCESS:** Enter a justification paragraph explaining why the applicant requires SCI access to perform in their position.
13. **AMS OFFICER:** Enter the AMS Officer's name and signature that is submitting the request.
14. **PHONE NUMBER:** Enter the phone number of the AMS Officer submitting the request.
15. **DATE:** Enter the date the request is being submitted to SEC.
16. **BUREAU CHIEF/AA/OFFICE DIRECTOR:** Enter the name and signature of the Bureau Chief, AA or Office Director.
17. **PHONE NUMBER:** Enter the phone number of the Bureau Chief, AA or Office Director.
18. **DATE:** Enter the date the Bureau Chief, AA or Office Director is signing the request.

AMS Officer should email completed request form to SEC-SCIRequests@usaid.gov

SECTION 2: EMPLOYEE'S CLEARANCE INFORMATION (Completed by SEC)

19. **CLEARANCE LEVEL:** Select the current clearance level held by the employee.
20. **TYPE OF INVESTIGATION:** Select the current investigation conducted on the employee.
21. **DATE OF INVESTIGATION:** Enter the completion date of the most recent investigation conducted on the employee.
22. **DATE CLEARANCE WAS GRANTED:** Enter the date the most recent clearance was granted.
23. **ELIGIBLE FOR CROSSOVER:** If AMS Officer notes employee had previous SCI access, verify with appropriate authority and select "YES" or "NO" as to whether the employee is eligible for crossover at this time.
24. **ACTION:** Select appropriate action. *(If employee is SCI eligible, forward request onto ES. If employee is not eligible for SCI access, return form to requestor with explanation. If employee is in need of a periodic reinvestigation or an upgrade, return form to requestor).*
25. **SEC SECURITY SPECIALIST:** Enter name of Security Specialist who verified clearance information.
26. **PHONE NUMBER:** Enter the phone number of the Security Specialist verifying clearance information.
27. **DATE:** Enter the date the clearance information was verified.

Security Specialist should email "SCI eligible" requests to SCIRequests@usaid.gov (ES Mailbox). All other actions should be returned to the requestor

SECTION 3: EXECUTIVE SECRETARIAT APPROVAL (Completed by ES)

28. **SCI PROCESSING APPROVED:** Check "YES" or "NO" to show whether SCI processing has been approved.
29. **PRIORITY:** Select whether the request should be expedited or processed routinely.
30. **REASON:** If the SCI access request was disapproved, provide a justification for the disapproval.
31. **EXECUTIVE SECRETARY:** Enter the name of ES employee completing the form.
32. **PHONE NUMBER:** Enter the phone number of ES employee completing the form.
33. **DATE:** Enter the date the ES employee is completing the form.

ES should email "SCI approved" requests to SEC-SCIRequests@usaid.gov. Disapproved requests should be returned to the requestor