

Completing the Personnel Security and Badging Form (HHS Form 828)

The Personnel Security and Badging form is used for obtaining security clearance. All potential employees are required to complete this form before the process can begin.

1

Download the form from the last page of this module (Module 1 – Preparing for Your ASPR Debut Evaluation and Forms page). Please complete the *Date Submitted, Applicant Section (Work Location - 200 C street, SW Washington DC 20024; Requesting Organization – OS, Sub-Agency – ASPR, Division – BARDA/EMMO/MFHC/ORM/SIIM/SPPR); Applicant is a: Federal Employee on Page 1.*

2

Check #27 whether you have had a U.S. Government background investigation performed. If checked yes, complete #28-#32 on Page 4.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Assistant Secretary for Administration

Office of Security and Strategic Information
Division of Personnel Security
5600 Fishers Lane, Room 8-89
Rockville, MD 20852-1750
301-443-2714

ORDER FORM

Date Submitted (mm/dd/yyyy): 06/07/2016

Application Packet Check List

Fingerprints: Electronic - Date prints taken: _____ Fingerprint Cards (attached) (SF-87 Feds) (FD-258 Contractors)
Location: _____

Other Forms: OF-308 Declaration for Federal Employment HHS 207 (Secret and Top Secret only)(Feds Only)

1. Badge Requirement **2. Investigation Requirement**

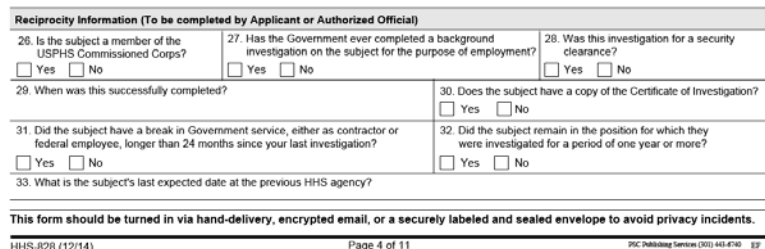
HSPD-12 Badge – New Applicant Full Investigation

Applicant

3. First Name	4. Full Middle Name	5. Last Name			
6. Position Title Army War College Fellow	7. Work Location 200 C street SW				
8. Day Time Phone	9. Personal/Alternate Email Address				
10. HHS (SMTP) Email Address	11. UPN Email Address				
12. Requesting Organization	13. Sub-Agency	14. Division	15. Headquarters	16. Region	
17. Applicant Is A Intern	18. Contractor NTE Date	19. Intern NTE Date June 7, 2018	20. Organizational Affiliate NTE Date		

Investigation Info Only (Please refer to the Position Sensitivity/Investigation Type Section, as well as the Predesignated Position Guidance in the instruction section of this document for more information.)

Figure 1: HHS Form 828 Order Form



Reciprocity Information (To be completed by Applicant or Authorized Official)

26. Is the subject a member of the USPHS Commissioned Corps? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Has the Government ever completed a background investigation on the subject for the purpose of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	28. Was this investigation for a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No
29. When was this successfully completed?		30. Does the subject have a copy of the Certificate of Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
31. Did the subject have a break in Government service, either as contractor or federal employee, longer than 24 months since your last investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		32. Did the subject remain in the position for which they were investigated for a period of one year or more? <input type="checkbox"/> Yes <input type="checkbox"/> No
33. What is the subject's last expected date at the previous HHS agency?		

This form should be turned in via hand-delivery, encrypted email, or a securely labeled and sealed envelope to avoid privacy incidents.

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Figure 2: HHS Form 828 Order Form – Reciprocity Information

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Sign (electronically if possible) and date the release of information on Page 6.

Privacy Act Statement: The information in this form is collected by the U.S. Department of Health and Human Services (HHS) for the purpose of issuing, renewing, updating or replacing an identification badge called the HHSID Badge and ordering any required background investigation, in order to facilitate and control your access to federal government facilities and computer systems. HHS will use the information provided on this form, in combination with other records maintained by HHS or the Office of Personnel Management (OPM) about you (e.g., fingerprint, e-QIP, and clearance background investigation records) to verify your identity, check your position, eligibility, and background investigation status, order an initial, updated, or different background investigation if required, update your privileges in the card management system controlling access to facilities and computer systems, and track and control the badge. The authority to collect this information is 5 U.S.C. § 301; Executive Order 10450; Presidential Memorandum on Upgrading Security at Federal Facilities, June 28, 1995; Homeland Security Presidential Directive 12 (HSPD-12), August 27, 2004, and HHS policy implementing HSPD-12, available at <http://intranet.hhs.gov/security/less/hspd-12/implementation-policy.html>. Social Security Number (SSN) is requested if you do not yet have an HHSID number or do not know your HHSID number. HHS will use your HHSID number or SSN to retrieve the records used in combination with this form. The authority to collect SSN is Executive Order 9397 as amended by Executive Order 13478. HHS may disclose the information you provide on this form for purposes for which you provide prior, written consent, or without your consent for purposes permitted by the Privacy Act at 5 U.S.C. § 552(a), which include routine uses published in System of Records Notice (SORN) 09-90-0777, available at <http://www.hhs.gov/foia/privacy/recordsnotices/09900777.html>. The routine uses include disclosures to: the Department of Justice, a court, or other government officials when the records are relevant and necessary to a law suit; the appropriate public authority (federal, foreign, state, local, tribal, or otherwise) to enforce, investigate, or prosecute when a record indicates a violation or potential violation of law or regulation; a Member of Congress or congressional staff member at your written request; the National Archives and Records Administration for records management inspections; authorized federal contractors, grantees, or volunteers who need access to the records to do agency work and who have agreed to comply with the Privacy Act; any source that has records an agency needs to decide whether to retain an employee, continue a security clearance, or agree to a contract, grant, license or benefit; federal, state, or local agencies, entities, individuals, or foreign governments to enable an intelligence agency to carry out its responsibilities; the Office of Management and Budget to evaluate private relief legislation, and to other federal agencies to notify them when your HHSID Badge is no longer valid. Providing the information is voluntary; however, if you do not provide all of the requested information, HHS may be unable to process your badge request or order any required background investigation, which would affect your access privileges. If use of the badge or the affected certain access privileges is a condition of your employment, not providing the information may prevent you from being able to work.

I hereby authorize the release of information in this application to appropriate Federal agencies for the purposes of processing this application and verifying my identity. I also acknowledge that if I knowingly provide or assist in the provision of false information or non-verifiable information, and/or I purposely omit information, it could result in loss of access to HHS facilities and IT systems and in disciplinary action including removal from Federal service or a Federal contract, and I may be subject to prosecution under applicable Federal criminal and civil statutes.

63. Applicant Signature	64. Date (mm/dd/yyyy)
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Figure 3: HHS Form 828 Privacy Act Statement

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Complete the Applicant Information on Page 7. Upload the form to the last page of this module (Module 1 – Preparing for Your ASPR Debut Evaluation and Forms page).

BADGE REQUEST		
A. Applicant Information (To be completed by Applicant or Authorized Official)		
1. First Name	2. Full Middle Name	3. Last Name
4. Other Name(s) Used		
5. Date of Birth (mm/dd/yyyy)	6. Place of Birth, City	7. Place of Birth, County
8. Place of Birth, State	9. Place of Birth, Country	10. Social Security Number (XXX-XX-XXXX)
11. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (Specify Citizenship)		12. Applicant's HHSID Number (If Applicable)

Figure 4: HHS Form 828 Badge Request