ROSTER OF EMPLOYEES REQUIRING SUITABILITY INVESTIGATIONS

CAN:
RFP/Contract #:
Contract Title:
Project Officer:
Contract Specialist:

Contractor:
Contractor Contact:
Contractor E-mail:

TO BE FILLED IN BY CONTRACTOR:						TO BE FILLED OUT BY PROJECT OFFICER and ISSO:				TO BE FILLED OUT BY CONTRACTOR:							
						Suitability Level	Investigation Type		Questionaire Required					Existing Clearance or Application			
Last Name	First Name	e-mail	Position	Non-Disclosure Agreement Submitted (mm/dd/yyyy)	Security Awareness Training Completed (mm/dd/yyyy)	1, 5, 6	NACI, NACIC, MBI, LBI, BI	Estimated Cost	SF85 or SF85P	Questionaire Submitted (mm/dd/yyyy)	HHS Credit Release Submitted (mm/dd/yyyy)	OF 306 Submitted (mm/dd/yyyy)	Fingerprinting Completed (mm/dd/yyyy)	Agency	Clearance Level	Date	Comment