Date:

SPAWARSYSCEN ATLANTIC EMPLOYEE BADGE INFORMATION

Complete this form and return it to the Security Office.

LAST NAME	FIRST NAME	MIDDLE NAME

DATE OF BIRTH	CITY OF BIRTH	STATE	COUNTRY

US CITIZEN	COMPETENCY	GRADE	JOB TITLE
☐ Yes ☐ No			

HOME PHONE NUMBER	WORK PHONE NUMBER

SUPERVISOR NAME (Last, First, MI)	PHONE NUMBER

HEIGHT	WEIGHT	EYE COLOR	HAIR

OTHER GOVERNMENT ACTIVITY	RESERVE COMPONENT

TYPE OF EMPLOYEE

☐ Military ☐ Civilian ☐ IPA ☐ Reservist ☐ Intern ☐ SSC Atlantic Civilian

FOR PERSONNEL OFFICE USE ONLY

TYPE OF APPOINTMENT

BADGE NUMBER	ID EXPIRATION DATE	ACCESS CODE	LENEL - INITIAL/DATE

BADGE TYPE