

<b>DETERMINATION OF NEED FOR ACCESS/POSITION SENSITIVITY CHANGE</b>	1. Date Entered On Duty
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2. To (Cognizant Public Safety Office's Symbol)	3. From (Employing Office's Symbol)	4. Name of Individual (Last, First, Middle)	5. SSN
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**SECTION I: DETERMINATION OF ELIGIBILITY REQUIREMENTS FOR SENSITIVE DUTIES**

The sensitivity of the above named individual's position and the basis for this determination, as designated by SF 52, numbered \_\_\_\_\_, dated \_\_\_\_\_, is (X Item A, B, or C below):

A. Critical Sensitive (CS). The criteria to be applied in designating a position as CS are contained in DoD 5200.2-R, para. 3-101a(1).

B. Noncritical Sensitive (NCS). The criteria to be applied in designating a position as NCS are contained in DoD 5200.2-R, para. 3-101a(2).

C. Nonsensitive (NS).

**SECTION II: DETERMINATION OF CURRENT ACCESS REQUIREMENTS**

1. Individual currently requires access to information classified as:  Confidential  Secret  Top Secret  SCI

2. Individual currently requires no access to classified information.

3. Request temporary upgrade of access, as indicated in No. 1 above, From (date) \_\_\_\_\_ To (date) \_\_\_\_\_.  
The designated level of position sensitivity for individual's duties remains unchanged unless specified in Section I above.

4. Individual will be performing Information Technology (IT) duties as follows:  IT II  IT I

5. This office desires to redesignate the position as  NCS  CS: Request action be taken to establish above named Subject's eligibility for employment at the level of sensitivity indicated. Clearance eligibility for access to information classified at the following level will be required in the performance of individual's duties:

No access required  Confidential  Secret  Top Secret  SCI

6. Individual's position has been changed to nonsensitive (NS) and no longer needs access.

**Remarks (Continue on reverse side, if necessary)**

**SECTION III: DEPARTURES/TRANSFERS**

The above named individual has:

Departed DLA on (Date) \_\_\_\_\_

Transferred within DLA to (Org) \_\_\_\_\_

Resigned DLA on (Date) \_\_\_\_\_

Retired DLA on (Date) \_\_\_\_\_

TYPED NAME AND TITLE OF AUTHORIZING OFFICIAL	SIGNATURE	DATE
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**SECTION IV: VALIDATION OF REQUEST**

TO (Office Symbol of Authorizing Official)	FROM: <b>PUBLIC SAFETY OFFICE</b>	DATE
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Prior to granting access to classified information, ensure that the appropriate security briefing has been accomplished and that a Standard Form 312, Classified Information Non-Disclosure Agreement and a DLA Form 1834, DLA Security Briefing/Debriefing Certificate have been completed.

Requested determination has been validated and will appear in JPAS upon receipt of completed SF 312 and DLA Form 1834.

SECURITY MANAGER/SPECIALIST SIGNATURE	DATE
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Copy to Human Resources