

GIN \_\_\_\_\_

NAME (Last, First, MI)

Information on this form **MUST BE TYPED**

This information is:  New  Changed

Goddard Space Flight Center

**LOCATOR AND INFORMATION SERVICES TRACKING SYSTEM (LISTS) FORM**

See Instruction Sheet to assist you in completing the front side of this form. Information submitted **MUST BE TYPED**. NASA/Greenbelt and NASA/Wallops Civil Service Personnel should not complete Items 18-21 in the "GENERAL" section and should sign the "APPROVAL" section for themselves. All employees should complete the "PERSONAL" section.

**GENERAL**

FullTime  PartTime  Permanent  Temporary

**Category: (Check ONE Only)**

GSFC Greenbelt CS  GSFC Wallops CS  NonNASA Civil Service  
 GSFC GB Contractor  GSFC Wallops Contractor  COOP Summer Hire  
 Other \_\_\_\_\_

**Location:**  On Site (Fill in 1-15 & 18-21)  
 Off Site (Fill in 1-11 & 16-21)

1. Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_ 3. MI: \_\_\_\_\_  
4. Preferred First Name: \_\_\_\_\_ 5. Title: \_\_\_\_\_ (See Instructions)

6. Job Title: \_\_\_\_\_ 7. Skill Class: \_\_\_\_\_ 8. Administrative Level: \_\_\_\_\_

9. Organization Code: \_\_\_\_\_ 10. Mail Code: \_\_\_\_\_ 11. Shift (Check):  1  2  3  4  
12. GSFC Ext.: \_\_\_\_\_ 13. GSFC Alt. Ext.: \_\_\_\_\_ NOTE: 1 = morning shift (5:00am - 9:00am Start)  
14. Building: \_\_\_\_\_ 15. Room: \_\_\_\_\_ 2 = evening shift (3:00pm - 7:00pm Start)  
3 = night shift (9:00pm - 1:00am Start)  
4 = other/split shift

**If OFF-SITE:**

16. Off-Site Phone Number: \_\_\_\_\_ 17. Off-Site Location: \_\_\_\_\_

18. Contract Number: \_\_\_\_\_ 19. Authorization Type: \_\_\_\_\_

20. Prime Contractor/Organization Acronym: \_\_\_\_\_

21. Sub-Contractor/Employer Acronym: \_\_\_\_\_

**PERSONAL**

SOME OF THE INFORMATION REQUESTED BELOW IS SUBJECT TO THE PRIVACY ACT OF 1974. SEE REVERSE FOR STATEMENT GOVERNING ITS USE.

1. Sex:  M  F 2. Date of Birth (MMM-DD-YYYY): \_\_\_\_\_  
3. Social Security No.: \_\_\_\_\_ 4. Place of Birth (City/State/Country): \_\_\_\_\_  
5. Citizenship: \_\_\_\_\_ 6. Alien Registration No.: \_\_\_\_\_

**RESIDENCE:**

7. Street: \_\_\_\_\_ 8. City: \_\_\_\_\_  
9. County: \_\_\_\_\_ 10. State: \_\_\_\_\_ 11. Zip Code: \_\_\_\_\_  
12. Home Phone: \_\_\_\_\_

**EMERGENCY CONTACT:**

13. Name: \_\_\_\_\_ 14. Relationship: \_\_\_\_\_  
15. Phone Number: \_\_\_\_\_  
16. Address: \_\_\_\_\_

**APPROVAL:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed Name of Authorizing Official

\_\_\_\_\_  
Signature of Authorizing Official

**NOTE:** NASA/GSFC (Greenbelt and Wallops) CIVIL SERVICE PERSONNEL SIGN FOR THEMSELVES.  
ALL GSFC CONTRACTOR PERSONNEL - This form must be signed by the Contracting Officer's Technical Representative or his/her designee.  
ALL GRANTEES - This form must be signed by the appropriate Division Chief or Project/Program Manager.  
OTHER AGENCY CIVIL SERVICE PERSONNEL/CONTRACTORS - This form must be signed by the chief/head on-site agency representative.  
ALL OTHERS - This form must be signed by the appropriate Division Chief.

