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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.

