

IIT REQUEST

NAME: _____ SSN: _____

DOB: _____ Gender: _____

PLACE OF BIRTH (Country, State, & City): _____

JOB INFORMATION

1) STATUS: Employee Applicant HPT/WOC Volunteer

Other: _____
(If contractor, state contractor and the contracting agency)

2) POSITION TITLE: _____

3) IF NEW EMPLOYEE/AFFILIATE (HPT, WOC, VOLUNTEER, CONTRACTOR, ETC.), ENTER START DATE BELOW. IF HPT STARTING ROTATION, ENTER DATES OF ROTATION:

4) DEPARTMENT: _____ SUPERVISOR NAME: _____

CONTACT #: _____

5) ADPAC NAME: _____ CONTACT #: _____

COMMENTS: _____

DATE SUBMITTED: _____ SUBMITTED BY: _____

FOR HR USE ONLY

ASSIGNED TO ADJUDICATOR: _____

DATE SUBMITTED: _____