



This form owned by:
 Clearance Processing, S-6
 Phone 667-0662 or 667-7253

Request to Create or Update an EIS Record
 (Formerly Z Number Assignment Request Form)



Submit this form for any and all of the following:

- Request creation of an Employee Information System (EIS) record and assignment of a Z number for an individual;
- Check if a Z number has already been assigned;
- Initiate the process of eliminating duplicate Z number assignment;
- Request updating and re-activation of a terminated EIS record (only for the one of the employment categories listed below).

Requester Information

Name of Requester	Organization	Date of Request	Telephone
Requester's E-mail			

EIS Record Information

Information in the section below is required before an EIS record can be created or updated.

Badge to be requested? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name (Last, First, Middle)		Date of Birth
Citizenship	Country of Birth (<i>mandatory only if an uncleared Foreign National</i>)	Social Security Number (<i>mandatory for U.S. citizens</i>)
Company	Contract Number (if applicable)	

Sponsoring Organization Information

Sponsoring Laboratory Organization	Organization Code*	Cost Code*
Start date	Expiration/Termination date	

***There is NO charge to your organization for submitting this request.**

Employment Category or Reason an Active EIS Record is Needed (check one)

Instructions: Please read categories *carefully*. This request is electronically submitted to the authorized office for EIS record creation or updating based on the category you check. If a current EIS record is required for training purposes, check the category of the unit requiring the training.

<input type="checkbox"/> Construction Contractor	<input type="checkbox"/> JCNNM	<input type="checkbox"/> PTLA
<input type="checkbox"/> PM Construction	<input type="checkbox"/> Labwide Blanket Order	<input type="checkbox"/> Visitor, Cleared (U.S., Foreign National)
<input type="checkbox"/> DOE/LAEO	<input type="checkbox"/> Organization-Specific Purchase Order	<input type="checkbox"/> Visitor, Uncleared (U.S.)
<input type="checkbox"/> Dosimetry Badge	<input type="checkbox"/> Post Doctoral	<input type="checkbox"/> Visitor, Uncleared (Foreign National)
<input type="checkbox"/> ICN Access		