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					ND EVALUATIO	N				
	F	or use of this forn	n, see AR 190-13; the		ncy is OPMG.					
			PRIVACY ACT ST							
Authority:	10 USC 3013 Secretary of the Army; DOD 5200.08, Security of DODI Installations and Resources and the DOD Physical Security Review Board; AR 190-13, The Army Physical Security Program; and E.O. 9397 (SSN) as amended.									
Principal Purpose:	To evaluate the qualification and suitability of a person for assignment to sensitive duties or unaccompanied access to certain resources.									
Routine Uses:	In addition to those disclosures generally permitted under 5 U.S.C. 552 a(B) of the Privacy Act, this information can be shared with local law enforcement agencies for criminal background checks.									
Note:	This system of records may contain personally identifiable health information (PHI). The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974, as amended, or mentioned in this system of records notice.									
Disclosure:	Voluntary, however failure to provide all or part of the requested information may result in a non-selection for the stated duties.									
Citation:	A0690-200 DAPE Department of the Army Civilian Personnel Systems (January 06 2004, 69 FR 790); and A0600-8-104 AHRC, Army Personnel System (APS) (July 30 2013, 78 FR 45914).									
PART I - IMMEDIATE SUPERVISOR/COMMANDER INTERVIEW										
1. NAME (Last, First,	MI)	2. ORGANIZA	TION		3. POSITION TITLE		4. SSN			
5. I DO	DO NOT OBJECT TO PE	ERSONNEL SC	REEN REQUIREM	ENTS.						
6. SCREEN FOR  Unaccompanied access to arms, ammunition and explosives  Employment/Retention as DA Civilian Police or Security Guard  Other (specify)  Unaccompanied access to control medical substances  Issuance of Physical Security Inspector Credentials										
7. SIGNATURE						8. DATE (YY)	YYMMDD)			
9. INTERVIEWER (Last, First, MI)			10. SIGNATURE			11. DATE (YYYYMMDD)				
		PART II	- CHECK OF PERS	SONNEL REG	CORDS					
12. POTENTIALLY DISQUALIFYING INFORMATION WAS  FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL  NOT FOUND										
13. NAME (Last, First, MI)		14. SIGNATURE		15. DATE (YYYYMMDD)						
		PART I	II - CHECK OF SEC	CURITY REC	ORDS					
16. POTENTIALLY	DISQUALIFYING INFORM	MATION WAS	FOUND AND F	ORWARDED	TO THE CERTIFYIN	NG OFFICIAL	NOT FOUND			
17. PERSONNEL S	ECURITY INVESTIGATION	ON <i>(PSI):</i> COMF	 PLETED ON DATE (	YYYYMMDD	)					
TYPE (NACLC, ANACI, SSBI, etc.) FAVORABLY ADJUDICATED DOSSIER REVIEW REQUIRED										
18. PSI REQUEST (	OR REINVESTIGATION <i>(II</i> IACI, SSBI, etc.)	FREQUIRED): \$	SUBMITTED ON DA	TE (YYYYMM	(IDD)					
19. SECURITY CLE	EARANCE: NO	DNE C	ONFIDENTIAL	SECRET	TOP SECR	ET N	OT REQUIRED			
20. NAME (Last, Firs	t, MI)		21. SIGNATURE			22. DATE (YY	YYMMDD)			
		PART	IV - CHECK OF ME	DICAL REC	ORDS					
23. POTENTIALLY	Y DISQUALIFYING INFORMATION WAS FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL NOT FOUND									
24. NAME (Last, First, MI)		25. SIGNATURE		26. DATE (YYYYMMDD)						
		PART V - CH	ECK OF LAW ENF	ORCEMENT	RECORDS					
PART V - CHECK OF LAW ENFORCEMENT RECORDS  27. POTENTIALLY DISQUALIFYING INFORMATION WAS FOUND AND FORWARDED TO THE CERTIFYING OFFICIAL NOT FOUND										
28. NAME (Last, First, MI)			29. SIGNATURE			30. DATE (YYYYMMDD)				
	D	ART VI - RFSI	JLTS OF RANDOM	/DIRECTED	DRUG TESTING					
31. TESTS RESUL			ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	, ,						
FORWARD	DED TO THE CERTIFYIN	G OFFICIAL		FIED NEGAT	IVE NOT		ESIGNATED POSITION			
32. NAME (Last, Firs	st, MI)		33. SIGNATURE			34. DATE (YY	YYMMDD)			

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PART VII - IMMEDIATE SUPERVISOR/COMMANDER EVALUATION/ BRIEFING												
35. AFTER A THOROUGH REVIEW OF INFORMATION PROVIDED, I FIND THE PERSON:												
SUITABLE FOR THE PO		37. SIGNAT	UNSUITABLE									
36. I HAVE BEEN BRIEFED ON N UNDERSTAND THE STANDARD	36. I HAVE BEEN BRIEFED ON MY DUTIES AND				JO. DATE (Y	YYYMMDD)						
39. NAME OF CERTIFYING OFF	40. SIGNATURE			41. DATE <i>(</i> )	(YYYMMDD)							
CO W MILL OF CERTIFICATION OF T	16. GISTATIONE			(,	,							
PART VIII - CONTINUING PERIODIC EVALUATION												
Document changes in the individual's status and/or administrative data. Attach a continuation sheet if additional room is required to document an update. Follow guidance in the pertinent regulation for documentation requirements for restriction, suspension, administrative termination, or disqualification. (ATTACH BLANK SHEET FOR CONTINUATION OF PART VIII)												
42. PERSON'S SIGNATURE/ DATE	IAL'S 44. REASON FOR UPDATE											
PART IX - SUSPENSION OR T	EMPORARY DISQUALIFI	CATION PEN	ICIL ENTRY)	PART X - ADMINISTRATIVE TERMINATION								
45. EFFECTIVE	MDD)			46. EFFECTIVE								
	P	ART XI - DIS	QUALIFICATION	I								
47. STATUS AT TIME OF DISQU  1. Being screened for  2. Assigned to/as:  a. Unaccompanied a  b. Unaccompanied a  c. DA Civilian Police  d. Other	access to AA&E	48. REASON FOR DISQUALIFICATION  1. Alcohol abuse 2. Drug abuse 3. Negligence/delinquency in duty performance 4. Court-martial/civilian convictions 5. Physical/mental condition 6. Poor attitude/lack of motivation 7. Other (Explain in Block 50)										
49. PERSON IS DISQUALIFIED FF	ROM THE SUBJECT POSI	TION/DUTIES										
50. RATIONALE												
51. PERSON WAS NOTIFIED OF		ATE (YYYYM	by	METHOD OF NOTIF	ICATION							
52. NAME OF CERTIFYING OFF	ICIAL (Last, First, MI)		53. SIGNATURE 54. DATE (YYY			54. DATE (YYYYMMDD)						
55. NAME OF REVIEWING OFFI	CIAL (Last, First, MI)		56. SIGNATUR	RE		57. DATE (YYYYMMDD)						

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