FEDERAL BUILDING / US MARSHALS
SERVICE EMPLOYEE IDENTIFICATION FORM
Aberdeen

PART 1. EMPLOYEE / CONTRACTOR INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Driver's License: _____ Date Of Birth: _____ Last 4 of SSN: _____

Office: _____ Working Title: _____ Office Phone #: _____

_____ _____ _____ (Must be 5 or more digits)

Signature **Date** **Requested Pin Code**

FRAUD and FALSE STATEMENTS

Title 18 USC 1028 provides that whoever knowingly and without lawful authority produces an identification document or a false identification document; knowingly transfers identification or a false identification document knowing that such document was stolen or produced without lawful authority; knowingly produces, transfers, or possesses a document-making implement with the intent such document-making implement will be used in the production of a false document or another document-making implement which will be so used; knowingly possesses an identification document that is or appears to be an identification document of the United States which is stolen or produced without such authority. The punishment for an offense under this title section is a fine and imprisonment up to 15 years

PART 2. EMPLOYEE TYPE

☐ Government Employee	☐ FT Contract Employee	☐ Intern/Temp Employee Exp Date _____
☐ Vendor/Contractor Exp Date _____	Clearance Date _____	Clearance Auth _____
☐ Requires Escort	☐ LAW ENFORCEMENT ➡	MUST INITIAL _____ If AUTHORIZED WEAPON

PART 3. BUILDING ACCESS

INITIAL BELOW	ACCESS AREA(S)	INITIAL BELOW	ACCESS AREA(S)	INITIAL BELOW	ACCESS AREA(S)
	Front Doors		Clerks' Office		U.S. Marshals Office
	Judicial Elevator		Probation Office		Fitness Room
	Rear Door		Judge Aycock Office		Area _____
	Parking Gates – Space ____		Judge Davidson Office		Area _____
			Judge Sanders Office		Area _____
			Judge Chamberlin Office		Area _____
					ID Only (No Building Access)

PART 4. Building Access Times

☐ 24 Hours	☐ Workweek (M-F) 7a – 6p	☐ Weekend	Other Days/Hours _____

PART 5. OFFICIAL SIGNATURES

_____ _____ _____

Sponsoring Agency - Print Name **Title** **Phone #**

Agency Authorized Signature: _____ **Date:** _____

U.S. Marshals Authorized Signature: _____ **Date:** _____