



FEDERAL BUILDING / US MARSHALS SERVICE  
EMPLOYEE IDENTIFICATION FORM  
Greenville



**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**

<input type="checkbox"/> Government Employee	<input type="checkbox"/> FT Contract Employee	<input type="checkbox"/> Intern/Temp Employee Exp Date _____
<input type="checkbox"/> Vendor/Contractor Exp Date _____	Clearance Date _____	Clearance Auth _____
<input type="checkbox"/> Requires Escort	<input type="checkbox"/> 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 Brown's Office		Area _____
	Parking Gates – Space _____		Judge Virden's Office		Area _____
					Area _____
					Area _____
					ID Only (No Building Access)

**PART 4. Building Access Times**

<input type="checkbox"/> 24 Hours	<input type="checkbox"/> Workweek (M-F) 7a – 6p	<input type="checkbox"/> Weekend	Other Days/Hours _____
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**PART 5. OFFICIAL SIGNATURES**

Sponsoring Agency - Print Name

Title

Phone #

Agency Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

U.S. Marshals Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_