SON:_____
TYPE:_____
DATE/STAFF ID:

OPM-FISD
PO BOX 618
BOYERS, PA 16018-0618

*** * * * * * * * * * * * * * * * UNACCEPTABLE CASE NOTICE * * * * * * * * * * * * * * * ***

A case submission was received from your agency for initiation of a personnel investigation. The submission requires corrective action and/or completion as indicated below. Prompt and accurate correction or completion of the item(s) marked will prevent further delays of the investigation request. **If your office electronically submitted this request, the applicant will need to be reinitiated and the whole process will need repeated (including the rescanning of any attachments).** If your office manually submitted this request, please make sure the FIPC-45A is attached and returned with the original case papers. Manual case paper submissions are to be mailed to the OPM address shown at the top of this form. **If you have additional questions, please call 724-794-5612.**

IF THE INVESTIGATION IS NO LONGER REQUIRED, *RETAIN THE CASE PAPERS IN YOUR FILES AND COMPLETE THE INFORMATION IN THE AGENCY USE BLOCK ON THE REVERSE SIDE OF THIS FORM AND RETURN IT TO THE ADDRESS SHOWN ABOVE.*

SUBJECT:_____ SSN:_____ e-QIP ID:_____
LAST FIRST MIDDLE

1. CASE PAPERS - Reference Standard Form 85 * 85P * 86 * OF 612, 171 or Equivalent * 87 (Federal) * FD258 (Contractor)

_____ A. ( ) Not Submitted
_____ B. ( ) Not Signed Page(s)_____
_____ C. ( ) Not Dated Page(s)_____
_____ E. < < <Form **does** not meet our current date requirements.
*Please update residence, employment etc... **RE-SIGN** and **RE-DATE** appropriate forms.*
_____ < < <Form **will** not meet our current date requirements.
*Please update residence, employment etc... **RE-SIGN** and **RE-DATE** appropriate forms.*
_____ F. Incorrect version of the fingerprint chart submitted for processing. Submit: (SF87 Federal) / (FD258 Contractor).
_____ G. Fingerprints will not be accepted by the FBI due to:_____
_____ H. Obsolete version of the SF 171 application submitted for processing.
_____ I. OPM kept OFI 79 for recordation of your investigation onto our system. Do Not submit another OFI 79.
_____ J. Incorrect version of standard form submitted.
_____ K. Please have the subject initial amendments made to:_____ (See reverse side of form)
_____ L. Please submit additional information (Name, SSN, Date, Place of Birth) for foreign born spouse/immediate family member(s).

2. AGENCY USE BLOCK - Reference Standard Form _____

_____ A. Item(s) _____ require completion.
_____ B. Response in item(s) _____ not valid.

3. SUBJECT IDENTIFYING DATA - Reference Standard Form _____

_____ A. Item(s) _____ require completion.

_____ B. _____is discrepant:_____ or _____. ***Please correct all forms.***

4. SUBJECT BACKGROUND DATA - Reference Standard Form _____Page(s)_____

_____ A. ( ) Item: _____ require completion.
( ) Item: _____ require completion.
( ) Item: _____ require completion.
_____ B. Complete mailing addresses, city, state, and **ZIP Codes,** required in item(s):_____,_____ .
_____.

_____ C. < < < The following periods of **RESIDENCE** are unaccounted for in item_____:
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____

_____ < < < The following periods of **EMPLOYMENT** are unaccounted for in item_____:
From _____ To _____ From _____ To _____
From _____ To _____ From _____ To _____

5. OTHER:_____
_____