



LAWRENCE BERKELEY NATIONAL LABORATORY INSTRUCTIONS FOR PARTICIPATING GUEST INFORMATION FORM (PGIF)

Site access is a privilege granted in accordance with Laboratory policy and procedure to individuals who do not have regular employee status. This privilege may be withdrawn at any time. Loss of privilege may occur for various reasons, including non-conformance with Laboratory policies and procedures. RPM §1.06(A)(1)

Section A – to be completed by Guest

- Please check one of the guest status boxes (If you have ever been a guest or employee of LBNL please mark one of the former boxes. If you remember your old ID # please enter it under “Guest ID”)
- Please double-check correct spelling of your name, include middle initial if you have a middle name
- Personal Information (i.e., birth date, birth country, birth city and citizenship country)
- Employer and/or sponsoring institution information
- Please list other funding sources if applicable (i.e., fellowship, grant award, LBNL support)
- Immigration information (i.e., citizen, immigrant or non-immigrant)
- Emergency contact data (can be outside the United States)

Section B – to be completed by Guest

- Read and initial “**Insurance and Worker’s Compensation Disclosure**”
- Sign and date where “**Guest Signature**” is specified

The Laboratory host and hosting division are responsible for ensuring that casual visitors or participating guests are aware of and comply with applicable Laboratory policies, including environmental, health, and safety policies and substance abuse policy. RPM §1.06(A)(1)

Section C – to be completed by Host/Supervisor

- Guest location information and telephone number
- Primary facility used (i.e., ALS, Local Division, NCEM, Molecular Foundry)
- Appointment start and end dates
- Organizational code for guest (typically the same orgcode as the supervisor/host)
- Host/Supervisor name and employee ID
- Host phone number
- Job code (only UC Graduate Students should be classified as job code 100.6 GSRA)
- Estimated hours per week guest will be using LBNL facilities
- Indicate guest class and provide a detailed statement for reason of visit
- Mark whether or not the guest will have access to sensitive subjects
- Sign and date where “**LBNL Authorizations**” is specified (appropriate authorizations must be secured before Guest can begin the appointment or be allowed on-site)

Division Guest Processing Contacts

To find your Guest Processor go to: http://www.lbl.gov/Workplace/HR/guest/Division_Guest_Contact.html

***Note:** All foreign guests must make an appointment with the HR Center prior to getting a badge.

Guest Departure

At the end of a project or program, the participating guest must stop at the Site Access Office or Division Office as part of the departure procedure to surrender any parking permit, dosimeter, identification badge, keys, and other appropriate administrative material. **Failure to surrender the material may result in loss of future access privileges.**



**PARTICIPATING GUEST INFORMATION FORM (PGIF)
LAWRENCE BERKELEY NATIONAL LABORATORY**

Division Office Use Only	
<input type="checkbox"/> UC Faculty	<input type="checkbox"/> Non-UC Faculty

Section A

(This section to be completed by Guest)

NEW GUEST FORMER GUEST FORMER EMPLOYEE RENEWAL

Guest Name: _____ **Guest ID:** _____
First M.I. Last

Current Address *(Local Address in USA if Available)*

Personal Information

Address: _____ Birth Date: _____ (mm/dd/yy)
 City/State/Postal: _____ Gender: Female Male
 Country: _____ Birth Country: _____
 Phone #: _____ Birth City or Region: _____
 Personal Email: _____ Citizenship Country: _____

Permanent Address *(if not US Citizen)*

Address: _____ Country: _____
 City/State/Postal: _____ Phone: _____

Employer Information *(If different from Sponsoring Institution below)*

Employer Name: _____ Work Ph #: _____
 Address 1: _____ Work Fax #: _____
 Address 2: _____ Work Email: _____
 City/State/Postal: _____ Department: _____
 Country: _____

Sponsoring Institution Information *(If different from Employer above - who supplies funding or support during your visit to LBNL)*

Institution Name: _____ Inst. Phone #: _____
 Address 1: _____ Inst. Fax #: _____
 Address 2: _____ Inst. Email: _____
 City/State/Postal: _____ Department: _____
 Country: _____

Other Funding Sources

1. Institution: _____ Fund Type: _____
 Amount(\$/mo): _____ Date From: _____ Date To: _____
 2. Institution: _____ Fund Type: _____
 Amount(\$/mo): _____ Date From: _____ Date To: _____

Immigration Information

Passport Information *(non-immigrant and immigrant only)*

U.S. Citizen
 U.S. Immigrant If yes please provide:
 Green Card #: _____
 Green Card Exp Date: _____
 Non-Immigrant If yes please provide:
 Visa Control #: _____
 Visa Type: _____
 Visa Exp Date: _____

Passport Number: _____
 Country of Issue: _____
 Expiration Date: _____

Are you currently in the U.S.? Yes No

Emergency Contact Data *(whom should LBNL contact in the event of an emergency)*

Name: _____ Relationship: _____
 Address: _____ Phone #: _____
 City/State/Zip: _____ Work Ph #: _____
 Country: _____ Other Ph #: _____



**PARTICIPATING GUEST INFORMATION FORM (PGIF)
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Section B

(This section to be completed by Guest)

Guest Name: _____ **Guest ID:** _____
First M.I. Last

INSURANCE AND WORKER'S COMPENSATION DISCLOSURE

THE LAWRENCE BERKELEY NATIONAL LABORATORY IS UNABLE TO PROVIDE WORKER'S COMPENSATION BENEFITS IN THE EVENT OF A WORK INCURRED INJURY TO A PARTICIPATING GUEST, THAT IS, ONE WHO IS NOT ON THE PAYROLL OF THE LABORATORY. In the event of an injury while working at the Laboratory, the individual listed in the section EMERGENCY CONTACT DATA will be contacted. Participating guests at the Berkeley Laboratory are responsible for maintaining valid insurance coverage. I have read the above statement and understand my responsibility: _____ *(*Guest's Initials Required)*

GUEST'S SIGNATURE

Signature: _____ **Preparer:** _____
Date: _____ **Date:** _____

Section C

(This section to be completed by LBNL Host/Supervisor)

LBNL Organization and Host Information

Guest Building/Rm #: _____ Orgcode for Guest: _____
 LBNL Mail Stop: _____ Host/Supervisor: _____
 Guest Phone #: _____ Host Empl ID #: _____
 Primary Facility Used: _____ Host Phone #: _____
 Alternate Host/Supervisor: _____

Appointment Dates:

From: _____ To: _____ (Alternate Host in the event that daily work activities are directed by someone other than the Host listed above)

Assignment Information

Job Code: 100.0 General 100.1 Post Doc 100.2 Scientist 100.3 Sr. Scientist 100.4 Adm./Clerical
 100.5 Mgmt 100.6 GSRA 100.7 Technical 100.8 Faculty 100.9 Student
 Est. Standard Hours per week: _____ (Example: 40 hrs = 100%, 2hrs = 1day/mo, 24hrs = 60%, etc)

Additional Information

Guest Class: CNS Consultant DOE DOE Emp FDS Food Serv FIR Firefighters
 PSF PSF User RES Research SEC Security SRV Serv Vendor
 STS Staff/Tech SUB Subcontractor USR User on Proposal #: _____

Reason for Visit: _____

(Reason for visit should briefly describe the nature of the work and may include: Title of project? Collaboration with whom? Beamline or facility to be used? Is work covered under an existing contract? Contract number and title? Proposal ID and title? Please include whichever is applicable to describe the work the guest will be doing at LBNL)

Will the guest have access to sensitive subjects? Yes No

(Sensitive Subjects List includes the following topics: Nuclear weapons & nuclear fuel cycle; Rockets, missiles & delivery systems; Conventional arms & other defense-related technologies; Chemical & biological weapons; Advanced scientific computers & software; Business-sensitive (proprietary) information; Information & assistance). For more information visit: http://www.lbl.gov/ehs/security/ufva/issm_subjects.shtml

LBNL AUTHORIZATIONS *(Appropriate authorizations must be secured before Guest can begin the appointment or be allowed on-site)*

Host/Supervisor Approval: _____ **Div/Dept Approval:** _____
Date: _____ **Date:** _____