

Uniformed Services University of the Health Sciences Check-In Sheet

Individuals entering on duty are required to check in with the activities listed below.

NAME: (Last, First, Middle Initial) _____

Grade _____

Check Appropriate Box:

Student Faculty Staff Civilian Volunteer Contractor

Position Title _____ Appt Type _____

NTE (If applicable) _____

Room	EXT	Division	Initial	Date
A1022	3142	Civilian Human Resources EOD Papers Training Benefits		
A1030	3028	General Counsel SF-278/OGC Form 450 Standards of Conduct		
UP001	3033	Security Parking Sticker Finger Printing ID Card		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
A2020	3535	EHS		