**ECI REQUEST FORM**

Please provide or create ECIs for the following individuals:

|  |  |  |  |
| --- | --- | --- | --- |
| **Hired At** | **Casual Name (First, Middle, Last)** | **ECI** (CPC Use Only) | **SSN** |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |
|       |       |  |       |

Please note: ECIs may be different in length. Although the ECI field allows up to 10-digits, they each have leading zeroes which are not required. Please indicate the piece of the ECI indicated above only when submitting OF-288s for casuals.

Requestor: ­­­­­­­­­­­­­­­­\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Fax To: ­­­­­­­­­­­­­\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If fax number on Approving Official list is different than above, please sign**:

Approving Official Signature: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_