CONTRACTOR PERSONNEL ROLLOVER REQUEST FORM

Social Security Administration (SSA)

Center for Suitability and Personnel Security (CSPS)

Submit this document to your designated contracting officer's representative-contracting officer's technical representative (COR-COTR) via secure email. The COR-COTR must ensure the information is complete and accurate (all fields are required) and then submit to ^DCHR OPE Suitability.

Only use this form when contractor personnel already working on an SSA contract need to move to another SSA contract. The information on this form must be typed, complete, and accurate. Failure to do so may result in a delay in receiving a suitability letter. The company point of contact (CPOC) and COR-COTR will receive suitability letters from the Center for Suitability and Personnel Security (CSPS) once the rollover is complete.

FULL NAME			SOCIAL SECURITY NUMBER	DATE OF BIRTH FROM TO		ACTIVE ON BOTH CONTRACTS?		
LAST	FIRST	MIDDLE	000-00-0000	MM/DD/YYYY	CONTRACT NUMBER	CONTRACT NUMBER	YES	NO
	NFORMATIC							
NAME:				EMAIL AD	EMAIL ADDRESS:			
PHONE: DATE OF SUBMISSION:								
COR-CO	OTR INFORM	IATION:						
NAME:				EMAIL AD	EMAIL ADDRESS:			
PHONE	:							