



PARTICIPATING GUEST INFORMATION FORM (PGIF)
LAWRENCE BERKELEY NATIONAL LABORATORY

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:
City/State/Postal:
Country:
Phone:
Personal Email:

Birth Date: (mm/dd/yy)
Gender: Female Male
Birth Country:
Birth City or Region:
Citizenship Country:

Permanent Address (if not US Citizen)

Expected Appointment at LBNL

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

Start Date:
End Date:

Employer Information (If different from Sponsoring Institution)

Employer Name:
Address 1:
Address 2:
City/State/Postal:
Country:

Work Phone:
Work Fax:
Work Email:
Department:

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

Institution Name:
Address 1:
Address 2:
City/State/Postal:
Country:

Inst Phone:
Inst Fax:
Inst Email:
Department:

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 Number:
Green Card Exp Date:
Non-Immigrant If yes please provide:
Visa Number:
Visa Type:
Visa Exp Date:

Passport Number:
Country of Issue:
Expiration Date:

Is Visitor currently in the U.S.? Yes No

EMERGENCY CONTACT DATA

Name:
Address:
City/State/Zip:
Country:

Relationship:
Phone:
Work Phone:
Other Phone:



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

**GUEST NAME:** \_\_\_\_\_

**Guest ID:** \_\_\_\_\_

First

M.I.

Last

*(This Section to be completed by LBNL Host/Supervisor)*

**Assignment Information**

Job Code:     100.0 General     100.1 Post Doc     100.2 Scientist     100.3 Sr. Scientist     100.4 Adm./Clerical  
                    100.5 Mgmnt     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

Reason of Visit: \_\_\_\_\_

(Reason of 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/02intl\\_emp/subjects\\_sens.html](http://www.lbl.gov/ehs/security/02intl_emp/subjects_sens.html)

**LBNL Organization and Host Information**

Guest Building/Room: \_\_\_\_\_ Orgcode for Guest: \_\_\_\_\_  
 Guest Phone: \_\_\_\_\_ Host/Supervisor: \_\_\_\_\_  
 LBNL Mail Stop: \_\_\_\_\_ Host ID: \_\_\_\_\_

**Appointment Dates**

From: \_\_\_\_\_ To: \_\_\_\_\_ Alternate Host/Supervisor: \_\_\_\_\_

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

**LBNL AUTHORIZATIONS**

Approved: \_\_\_\_\_ Approved: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

**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 responsibilities: \_\_\_\_\_ (Initials Required)

**GUEST SIGNATURE**

Signature: \_\_\_\_\_ Preparer: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_