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A Guide to Using the Services of the Reception Center

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Publication Date

1993-06-01

*A Guide to Using the Services
of the*

LBL RECEPTION CENTER

*Building: 65
Phone: (510) 486-6155
Fax: (510) 486-6169*

June 1993

Lawrence Berkeley Laboratory
University of California
Berkeley, CA 94720

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PREFACE

About This Guidebook

Who should use this guidebook? If you have responsibility for administrative tasks related to the arrival of visitors or new Lawrence Berkeley Laboratory (LBL) employees, this guidebook is designed to help you. It defines the various categories of visitors you may receive and describes the services provided for them by the LBL Reception Center. You will learn how to prepare for their arrival and gain an understanding of the processes carried out at the Reception Center.

Content This guidebook contains three sections and two appendices:

Section	Topic
1	Introduces the Reception Center and describes its services.
2	Tells how to arrange for the arrival of visitors in two principal categories: casual and participating. Also gives procedures for extending and terminating the stay of participating visitors.
3	Describes the processes for receiving new employees and changing the length of employment.
Appendix A	Contains sample invitation letter to participating visitor.
Appendix B	Contains sample forms used in processing the arrival of visitors and new employees and for making changes in their status.

1

INTRODUCTION

Reception Center Overview

What is the Reception Center?

The Reception Center is the formal welcoming center for LBL employees and visitors. Its function is to coordinate procedures related to site access in an efficient, consistent manner. In doing so, the Center helps to ensure that:

- The Laboratory meets its contractual and safety requirements.
 - Employees and visitors arrive at their destination as quickly and efficiently as possible.
-

Whom does the Center serve?

The Reception Center welcomes employees and visitors of many types. Here are some examples:

- *New Employees:* The Human Resources Department directs new employees to the Reception Center, where a member of the Human Resources staff helps them to complete their start forms, schedules new-employee orientation, schedules a medical appointment, and provides benefits information.
 - *Casual and Participating Visitors:* The host Division arranges in advance with the Reception Center to receive visitors. In addition, the Center works with the Foreign Visitors Unit of the Human Resources Department to welcome those who are not U.S. citizens. (For more information about making arrangements for visitors, see Section 2.)
 - *Contract Labor:* Contract labor assignments are coordinated directly through the Human Resources Department; however, contract labor staff report to the Reception Center on their first day. The Reception Center obtains the contract employee's signature on the appropriate forms and provides an informal orientation before directing the contract employee to his/her supervisor.
 - *Job Applicants:* The Reception Center provides a current listing of job openings to applicants.
 - *Tour Groups:* The Community Relations Office directs tour groups to the Reception Center where they are welcomed and given any needed assistance, including LBL maps, to help them reach their destination.
 - *Visiting Dignitaries:* The Reception Center greets visiting dignitaries. Divisions may request the Center to make special arrangements such as reservations for lodging.
-

Reception Center Services

What services does the Center provide?

Here is a summary of the services the Reception Center provides:

Service	Explanation
Welcome and direction	Receptionist determines what assistance a visitor or new employee requires and directs him/her accordingly.
Orientation	The Human Resources Department conducts new-hire acquaintance meetings at the Center approximately three times per week.
Information for job applicants	The Center provides current job listings and employment applications to job seekers.
Identification badges	The Center issues badges to new employees and to visitors who need one.
Environmental health and safety (EH&S) training	The Reception Center provides necessary radiation and other EH&S training at the Center to all new employees and to visitors for whom this training is required. (Site-specific training is arranged with the LBL supervisor or host.)
Personal dosimeters	The Center issues personal dosimeters (also called film badges) to visitors when the LBL host recommends that one is necessary.
Employee and visitor parking permits	The Badge Office at the Center issues parking permits if the employee or visitor is eligible to receive one.
Card keys	When requested by LBL supervisor or host, the Badge Office issues card keys for entering areas of the Laboratory that have controlled access.
Counseling on housing	The Center makes referrals to the University of California, Berkeley, Housing Office and distributes information about local real estate agencies and organizations. The Center also maintains a bulletin board listing rentals.
Tour office	The Center is the meeting place for tour groups.
Assistance for special events	When notified of seminars, conferences, meetings, and other events, the Center alerts shuttle bus drivers, gate controllers, and protective services personnel.
Central visitor database	The Center maintains a central visitor database and generates reports on visitor statistics.

Continued on next page

Reception Center Services, Continued

Special notes about service

1. The arrangements required for new arrivals vary, depending upon the individual's reason for being at the Laboratory. *However, in all cases, notifying the Reception Center in advance is the key to ensuring a positive site-access experience for your employee or visitor.*
 2. We expect that the Reception Center will be linked electronically to LBL Divisions for more efficient communication about the reception of employees and visitors. As processes become available on line, the procedures outlined in this text will be amended to reflect these new electronic capabilities.
-

Contacting the Reception Center

**Contact
information**

You may contact the Reception Center as shown below:

Location:	Building 65
Mail Stop:	Building 65
Telephone:	(510) 486-6155
Fax:	(510) 486-6169
QuickMail:	Zone dps, MailCenter LBLRECEP

		Extension	E-Mail
Reception:	Romy Perry	7301	Terrea@lbl.gov
Guest Coordination:	Cheryl Belton	4008	CBelton@lbl.gov
Badge Office:	Lynellen Watson	4551	None
Office Administrator:	Jackie McDonald	6198	JMcD@lbl.gov
Center Manager:	Fred Lothrop	7726	FredL@lbl.gov

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ARRANGING FOR VISITORS

Introduction

Visitor categories

LBL is establishing two categories of visitors: casual visitors and participating visitors.

Note that the LBL Regulations and Procedures Manual (RPM) presently specifies three categories of visitors (casual, nonparticipating guests, and participating guests); however, these categories will be revised to the two described here.

Casual visitors

Casual Visitors are defined as those visiting LBL for one week or less who are not engaged in research here or in the use of LBL facilities. This category includes:

- Seminar speakers
- Meeting attendees
- Members of the press
- Tour groups
- Job seekers
- Employees' family or friends
- Retired employees who have an occasional reason to visit. *

Contractor personnel, vendors' pick-up and delivery personnel, and service or maintenance personnel may also qualify as casual visitors.

* Retirees with a reason to visit LBL on an ongoing basis should be considered for participating-visitor status.

Continued on next page

Introduction, Continued

Participating visitors

Participating visitors (PVs) are defined as guests visiting for any period of time who will be engaged on site in standard activities of the Laboratory. They belong to one or more of the following classifications:

- *Scientific Collaborators:* Individuals visiting the Laboratory who are engaged in LBL research, testing, or analysis through hands-on activities or collaborative discussion. Visitors of this type include faculty and graduate students from other institutions and participants in NSF- or DOE-sponsored programs in which the Laboratory is participating.
- *Retired Employees:* LBL professional staff members who continue to make contributions to the Laboratory's programs when there is mutual interest on the part of the Laboratory and the retired employee.
- *Facility Users:* Employees of an organization that has a formal contractual arrangement with the Laboratory, specifically to use LBL's National User Facilities or other user resources.
- *Computer Users:* Employees of an organization that has a formal contractual arrangement with the Laboratory to use LBL computers and related services.
- *Consultants:* Individuals with exceptional expertise who have entered into a formal consulting agreement with the Laboratory.
- *Nonscientific:* Individuals, such as employees of temporary-help agencies or contract-labor personnel, who have been assigned to work at LBL in a nonscientific capacity.

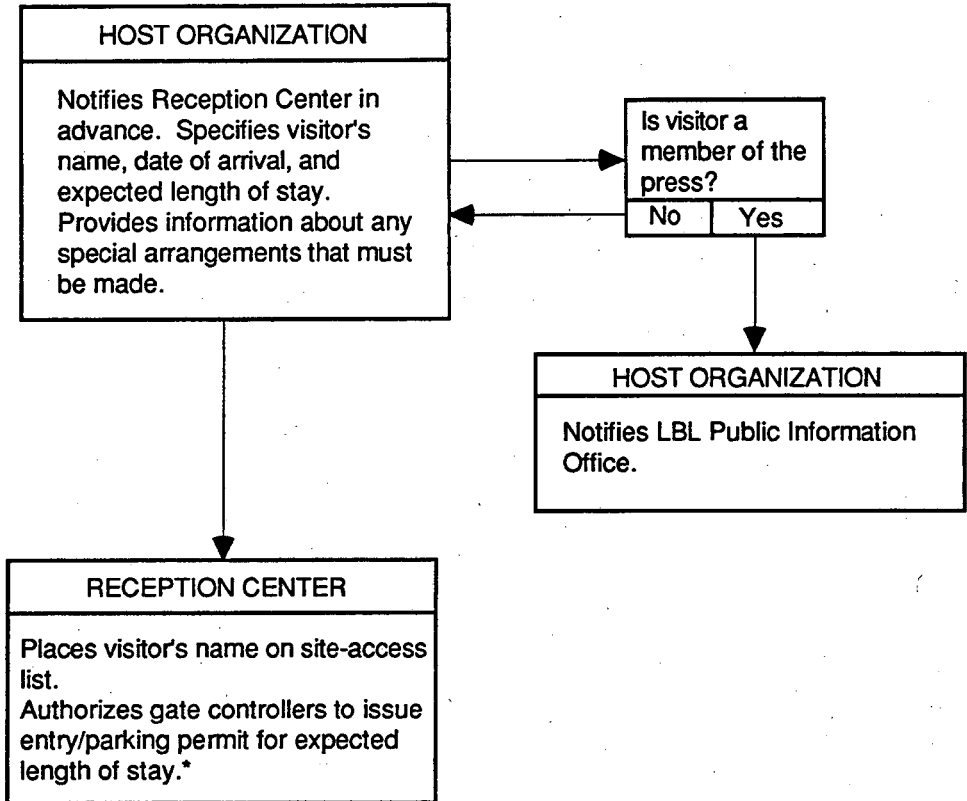
Special case

It is not necessary to request site access for employees of Lawrence Livermore National Laboratory. Gate controllers may issue parking permits. However, LLNL employees visiting frequently and/or working regularly at LBL should be considered for participating-visitor status.

Arrival of Casual Visitors

Process

The following diagram shows the process for preparing for the arrival of casual visitors:



* Host can call the Badge Office (extension 4551) or send a FAX (extension 7076) to request authorization for a one-day parking permit.

Continued on next page

Arrival of Casual Visitors, Continued

Radiation Protection

Casual visitors to buildings with controlled areas must see a radiation video and/or have an LBL escort who will be supplied with a special dosimeter and appropriate forms. (See Appendix B for an example of the Visitor to Controlled Area for Radiation Protection form.) Inquiries should be directed to the Reception Center (extension 6155).

Time table

For casual visitors who will participate in organized events such as seminars, meetings, or tours, the host organization should notify the Reception Center at least *five working days in advance* of their arrival. The host organization should allow more time if special arrangements are required.

Arrival of Participating Visitors

Advance planning

When you prepare for the arrival of a PV, it is important to establish a two-way flow of information:

- *To the Visitor from LBL:* The PV should be fully informed about any requirements and conditions associated with his/her visit. He/she should not be subject to unpleasant surprises because of inadequate information.
 - *To LBL from the Visitor:* In order to ensure a PV's safety and to comply with DOE, EH&S, and other regulations, LBL requires specific information about all PVs. It is important to obtain much of this information before he/she arrives.
-

Information checklist for all PVs

The following is a list of questions to review as you prepare for a PV. You will need to obtain answers to these questions for the visitor's benefit or for the use of LBL.

- Does the proposed visitor meet the criteria for PV status; that is, does he/she fit at least one of the classifications listed on page 6 under "Participating Visitors?"
 - Has a formal agreement been made with the PV's organization to authorize the visit? If so, what is the agreement number?
 - Has an LBL account number been set up for the PV's use? If so, what is the account number?
 - Is the PV sponsored by an NSF or DOE program? Do you have information concerning the program and any special rules/requirements?
 - What is the purpose of the visit?
 - Is the PV coming to LBL as part of an invited group? If so, would it be helpful to have group processing at the Reception Center? (For example, several group members could view the Center's training film at once.)
 - How long will the PV stay at LBL? (The PV will be granted access for the length of time you request, up to one year. If the invitation to stay at LBL exceeds one year, the host organization must request renewal of the PV's status before the end of each year.)
 - Will the PV come to LBL intermittently during the access period? If so, what will the actual visit dates be?
 - Does the PV have Workers' Compensation Insurance from a source other than LBL? If not, he/she must show evidence of health and/or disability insurance for the duration of the stay.
 - Is the PV entitled to an office and a telephone? If so, has space been allocated for the PV?
 - Will the PV need a card key?
-

Continued on next page

Arrival of Participating Visitors, Continued

Information checklist for all PVs (continued)

- Will the PV be assigned to an accelerator building and/or work with radioactive materials? If so, his/her supervisor must complete a Radiation Worker Form. Also, he/she must have relevant EH&S training and a personal dosimeter.
 - Does this assignment have any other unique requirements such as use of an official vehicle or special parking?
 - Will the PV receive financial support from LBL? If the PV is not a U.S. citizen, support from LBL will require that the PV enter the United States on the correct visa. If the PV is part of an NSF or DOE program, there may be restrictions on support that can be offered by LBL.
 - Will the PV receive travel reimbursement? If so, has a Request and Authorization for Travel been approved?
 - Will the PV receive an honorarium? If so, you must obtain the PV's social security number for income-tax reporting purposes.
-

Information checklist for non-citizen PVs

It is important to contact the Foreign Visitors' Unit of the Human Resources Department for assistance in preparing for PVs who are not U.S. citizens. Here is some information you will need:

- What is the PV's country of origin?
- Where will the PV be coming from when traveling to LBL?

In addition, you will need a copy of the PV's *curriculum vitae*. To help the Foreign Visitors Unit assist you, complete a Request for International Scholar Form. (See Appendix B for an example.)

Letter of invitation to PV

Once you have obtained the information indicated above:

- For U.S. citizens: You should prepare a letter of invitation to the PV.
 - For non-citizens: You and/or the Foreign Visitors Unit should prepare a letter of invitation to the PV. This letter should outline the conditions of the visit and inform the PV about the requirement for health/disability insurance, the type of visa required (if any), travel or other reimbursement, and any other topics that should be considered. See Appendix A for a sample letter of invitation.
-

Continued on next page

Arrival of Participating Visitors, Continued

Appointments with Reception Center

You should call the Reception Center to make an appointment for the PV in advance of his/her arrival. At the time of the appointment:

- U.S. citizens report to the Badge Office at the Center.
- Non-citizens report to the Guest Coordinator at the Center.

Note: If the PV arrives at the Center without an appointment, processing will be delayed and the PV will have to wait.

Forms required

The following forms must be completed and brought to the Reception Center at the time of a PV's appointment or earlier:

- Participating Guest Information (PGI) Form.* (See Appendix B for examples of this and other forms you may need to use.)

The remarks section of the PGI should be used to provide instructions to the Reception Center regarding any special conditions of the PV's assignment. Example: Issue a personal dosimeter and a card key. Include appropriate forms, properly signed, with the PGI. (See Appendix B for example of card key and personal dosimeter request forms.)

The remarks section should also be used when payment from LBL has been requested. However, the pay request documents do not need to be forwarded to the Reception Center. Example: Request and Authorization for Travel (R&A's).

- Patent Agreement
- Medical Information Form.

Forms required for special working conditions (such as the Radiation Worker Form) must also be completed and provided at that time. Also, non-citizen PVs must bring their visa documents, including passport and proof of health insurance.

Some PVs do not require a PGI. (Example: Contract Labor Workers.) If you have questions, contact the Guest Coordinator (extension 4008).

* The PGI form is being revised to better serve an electronic environment. The revision will reflect the change in name from participating guest to participating visitor.

Continued on next page

Arrival of Participating Visitors, Continued

Reception process

When the PV reports for an appointment at the Reception Center, the following steps are carried out:

1. The forms are checked to ensure that they are complete. If information is missing, the PV's host organization is contacted. Passport and visa documents are photocopied.
2. The PV is given information to review concerning LBL health and safety policies and other regulations.
3. As appropriate, the PV receives or is scheduled for initial EH&S training and new-employee orientation.
4. The PV is given LBL issue (for example, an identification badge, a parking permit, and/or a personal dosimeter).
5. A member of the Reception Center staff answers the PV's questions and makes appropriate referrals.
6. The PV reports to the work site.
7. A personnel file is made for the PV at the Reception Center.
8. Information from the PGI and other documents is added to the central visitor database.
9. Copies of the PGI are distributed to the host organization and other departments as appropriate.

Processing scenarios

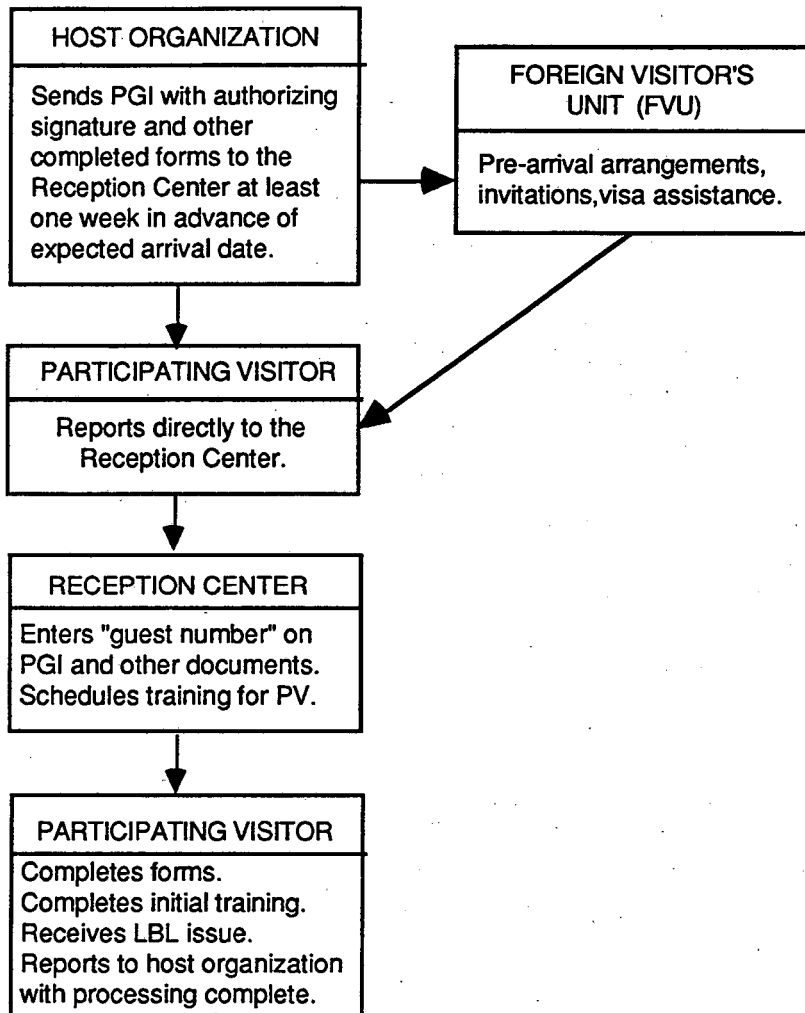
There are two possible scenarios for PV reception processing, depending on the timeliness with which completed forms are delivered to the Reception Center:

- Forms are delivered at least one week in advance of a PV's arrival.
- Forms are not delivered to the Reception Center.

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Arrival of Participating Visitors, Continued

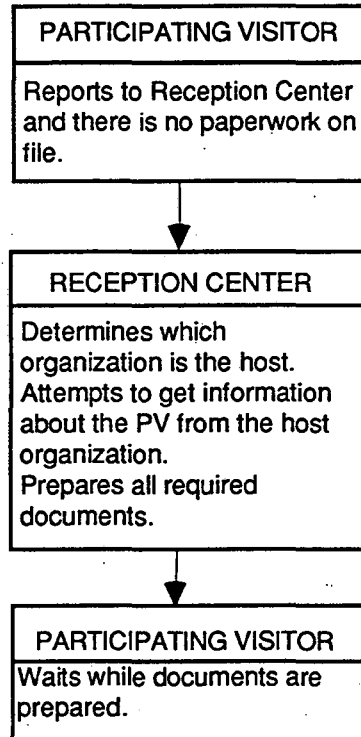
Scenario One: Forms are delivered to the Reception Center at least one week in advance of PV's arrival.
At least one-week in advance



Continued on next page

Arrival of Participating Visitors, Continued

Scenario Two: No forms are delivered to the Reception Center:
No forms delivered



Scenario Two may lead to delays of 1 to 3 hours of the PV's time.

- For all PVs: If the arrival time is known, you are encouraged to schedule an appointment. Advance notice helps the Reception Center to plan ahead to best accommodate all visitors within a reasonable time. An appointment ensures that the PV will be seen on arrival.
 - For non-citizen PVs: You must schedule an appointment as non-citizens require longer processing due to the additional work involved, and the wait may be unacceptable.
-

Renewal of Participating Visitor Status

Procedure

If you wish to extend the stay of a PV, his/her status must be renewed *before the expiration of the current PV status*. Here is the procedure for renewal:

Step	Performed by	Action
1	Host organization	Determine whether the information on the last PGI is correct.
2	Host organization	Determine whether the PV still qualifies for workers' compensation and health and/or disability insurance.
3	Host organization	Determine whether the PV's emergency-contact information is correct.
4	Host organization	Determine whether the PV needs to attend new-employee orientation.
5	Host organization	If the PV is a non-citizen: <ol style="list-style-type: none"> Determine whether the PV's visa is valid. If not, work with the Foreign Visitors' Unit to obtain an extension of the visa. Determine whether the PV's has adequate funding for the renewal period. Work with the Foreign Visitors' Unit to ensure that support is sufficient for the duration of the visit. Make an appointment for the PV at the Reception Center.
6	Host organization	Prepare a PGI and check the "renewal" box. <ol style="list-style-type: none"> If there are no changes or additions, check the "on renewal" box. If there are changes or additions, provide the current information.
7	Participating visitor	Bring PGI and any other required documents to the Reception Center. <ol style="list-style-type: none"> If you are a U.S. citizen, report to the Badge Office. If you are a non-citizen, report to the Foreign Guest Coordinator. <i>An appointment is required.</i>
8	Reception Center	Review paperwork for completeness.
9	Reception Center	Provide LBL issue for renewal period.
10	Reception Center	Update the central visitor database to reflect renewal and any changes in the PV's information.
11	Reception Center	Disburse forms to the host organization, to Medical Services, and to Protective Services.

Continued on next page

Renewal of Participating Visitor Status, Continued

Return of former PVs

If a PV has been terminated and is returning to the Laboratory (after a lapse in PV status), check the "Former Guest" box of the PGI. The check alerts the Reception Center to look for the PV's original guest number and file. The remainder of the process is the same as for a new PV.

Termination of Participating Visitor Status

Procedure

Here is the procedure for terminating PV status:

Step	Performed by	Action
1	Host organization	Establish a termination date.
2	Host organization	Advise the PV of the termination and obtain a forwarding address.
3	Host organization	Collect all LBL issue from the PV.
4	Host organization	If the PV is a non-citizen, check with the Foreign Visitors' Unit to learn whether additional steps are required.
5	Host organization	Submit a Personnel Action Form (PAF) to the Reception Center. (See Appendix B for an example of a PAF.)
6	Reception Center	Disburse copies of the PAF to appropriate LBL departments.
7	Reception Center	Update the central visitor database to reflect the termination.
8	Reception Center	Keep PV's personnel file temporarily and then send it to the LBL Archives.

Contract Labor Workers

Reception process

The reception process for contract labor workers (a category of participating visitor) is the same as for other PVs with the following exceptions:

- Contract labor workers are directed to the Reception Center by their employment agency following instruction from the host organization or the Human Resources Department.
 - A Contract Labor Assignment Form will be available for the contract worker's signature in the Reception Center. A file will be made for the contract labor worker, and the Assignment Form will be distributed to the appropriate organizations by the Reception Center. This form is used instead of a PGI.
-

Changes in status

A Contract Labor Action Form (CLAF) is used (instead of a PAF) to effect changes in the status of contract labor workers. For any change, except reclassification and salary, CLAF's should be directed to the Guest Coordinator at the Reception Center.

For extensions of assignment, the contract labor worker may obtain a badge for the renewal period after the CLAF has been received by the Guest Coordinator.

The central visitor database will be updated to reflect all changes in a contract labor worker's status.

Note: Questions concerning any condition of a contract labor worker's assignment at the Laboratory should be directed to the Guest Coordinator (extension 4008) or the Contract Labor Coordinator (extension 4521).

3

LBL EMPLOYEES

Role of the Reception Center

Receiving new employees

On the first day of employment (or soon afterwards), new employees are sent to the Reception Center by the Human Resources Department. At the Center, a representative of Human Resources:

- Conducts new-hire acquaintance meetings.
 - Assists employees in reviewing and completing start forms, helps them to select benefits, and provides other information.
-

Providing employee services

New employees and those who have been working at LBL visit the Badge Office at the Center to obtain:

- Identification badges
 - Parking permits
 - Card keys
-

Changing employment length

Changes in the length of LBL employment (renewal or extension) must be approved by the Human Resources Department. To effect a change of this type, you must send a PAF to the Human Resources Department.

Employees who are U.S. Citizens come to the Reception Center with a photocopy of the Division-approved PAF to obtain a new identification badge for the period of renewal.

Employees who are non-U.S. Citizens come to the Reception Center with a photocopy of the Human Resources Department-approved PAF (obtained in their Division office before coming to the Reception Center) to obtain a new identification badge for the period of renewal.

Note: Questions concerning any condition of LBL employment should be directed to the Human Resources Department.

APPENDIX A

Sample Letter of Invitation

Sample Letter to Facility User: U.S. Citizen

Dr. _____ asked that I write to you regarding the details of your visit to the Lawrence Berkeley Laboratory to participate in (an experiment and/or discussions) for ___ days, beginning _____.

[Optional paragraph(s)]

Completion of several forms is required before you report to the work site. Please note the following:

1) Participating Guest Information Form (PGI)	Review information already completed and make any changes required. Fill out the remainder of the form, paying particular attention to items 8 through 10. You do not need to sign the PGI at this time. When you arrive at LBL, a completed PGI will be available for your signature.	The PGI is used to prepare all additional information. Therefore, return via FAX as soon as possible.
2) Medical Information	Complete (fold for confidentiality).	Hand-carry to LBL.
3) Patent Agreement	Review. Signature will be witnessed at LBL.	Hand-carry to LBL.
4) Other	As appropriate, include additional documents.	Provide instructions for return.

All Laboratory visitors are formally welcomed at the Reception Center. When I receive your draft PGI, I will enter your information and forward the final form to the Reception Center, which will facilitate arrival procedures. A staff member will have your information and, on your arrival, will collect the hand-carried documents. You will be asked to execute the patent agreement and sign a final copy of the PGI. Before you leave the Reception Center, you may obtain an LBL identification badge and (insert other appropriate items and training).

If you have any questions or if I may be of additional assistance, please contact me. Thank you in advance for your help in returning the information. We look forward to your visit to the Laboratory.

Sincerely,

cc: Reception Center
Enclosures

Optional Paragraphs

Non-U.S. Citizens

Change paragraph about Reception Center to:

All Laboratory visitors are formally welcomed at the Reception Center. When I receive your draft PGI, I will enter your information and forward the final form to the Reception Center in order to facilitate arrival procedures. I have made an appointment for you to see Ms. Cheryl Belton, the Guest Coordinator on _____ at _____. She will have your information and, on your arrival, will collect the hand-carried documents. You will be asked to execute the patent agreement and sign the final copy of the PGI. You will need to bring your passport, visa documents, and health insurance information to your appointment. Before you leave the Reception Center, you can obtain an LBL identification badge (insert other appropriate items and training).

Change last paragraph to:

If you are unable to keep your appointment with Ms. Belton, it will be necessary to reschedule. You may contact me or Ms. Belton directly* to reschedule the appointment. If you have any questions or if I may be of further help, please let me know. Thank you in advance for returning the information. We look forward to your visit to the Laboratory.

* Telephone: 510-486-4008
Electronic Mail: CBELTON@LBL.gov
FAX: 510-486-6169

Supplemental Support

In order to help defray your costs, the _____ Division will provide reimbursement of your actual lodging (receipt required) and a per diem of \$_____ for the duration of your stay.

The _____ Division will supplement the support you receive from your home institute by providing a housing allowance of \$_____ per month (receipts are required) and a per diem of \$_____ for the duration of your stay.

The _____ Division will reimburse your round-trip, economy air-fare from _____ to San Francisco (or Oakland) and ground costs to Berkeley. (When making your travel arrangements, please note that all air travel must be on an American Carrier in order to receive the reimbursement outlined.)

As a token of our appreciation for your agreeing to present a formal seminar on _____, 1993, the _____ Division wishes to provide you with a modest honorarium of \$ _____.

Visa Status

B-1 - Business Status

Visitor can enter the U.S. for 6 months or less.

We recommend that you apply for a B-1 (business visitor) visa for your entry into the United States. Enclosed is a letter prepared in duplicate outlining the purpose of your visit. One copy of the letter should be presented to the American Consulate when you apply for your visa stamp. The second copy should be presented to the Immigration Officer when you enter the United States. Be sure that the Immigration Officer marks your Arrival/Departure Record (I-94 card) "B-1" status.

WB - Waiver for Business

Visa Waiver Program: Citizens of participating countries can enter the U.S. for 90 days without a visa. The following is a partial list of participating countries: Japan, France, Italy, Sweden, Netherlands, Switzerland, and Germany. To obtain the most current list, contact the Foreign Visitors Unit.

We recommend that you apply for a WB (waiver for business) visa. This visa is equivalent to a B-1 (business visitor). Enclosed is a letter outlining the purpose of your visit. The letter should be presented to the Immigration Officer when you enter the United States. Be sure that the Immigration Officer marks your Arrival/Departure Record (I-94 card) "WB" status.

J-1 Exchange Visitor Program

Appropriate for longer stays in the U.S.

The Laboratory's Foreign Visitor Specialist, Mrs. Adele Ahanotu, recommends that you apply for a J-1 (Exchange Program Visitor) visa. Mrs. Ahanotu will contact you within a few days and begin arrangements for your visit. She will provide you with an IAP-66 form, which is the document you will need to apply for the J-1 visa.

Health and Safety

All visitors must be covered by Workers' Compensation by an institution other than the Laboratory and/or have adequate health insurance for the duration of their visit. If you would like information regarding health insurance plans which may be purchased by visiting scholars, please let me know.

Your host has advised us that your work will potentially expose you to ionizing radiation; therefore, issuance of a personal dosimeter is required. It will be necessary for you to view a video presentation concerning radiation protection before reporting to the work site.

APPENDIX B

Sample Forms:

Participating Guest Information
Medical Information
Patent Agreement
Radiation Worker
Personnel Action
Contract Labor Action
Contract Labor Assignment
Card Key Request
Visitor to Controlled Area for Radiation
Protection
Request for International Scholar

**PARTICIPATING GUEST INFORMATION
LAWRENCE BERKELEY LABORATORY, BERKELEY**

GUEST NUMBER:

- RENEWAL NEW GUEST FORMER GUEST FORMER EMPLOYEE
 ON RENEWAL, CHECK IF NO CHANGE OR ADDITION IN THE SECTION

1	NAME	(Last)	(First)	(Middle Name or Initial)		TELEPHONE NO. IN BAY AREA
	ADDRESS IN S.F. BAY AREA (Number and Street)			(City)		(Zip Code)
						CA
	PERMANENT ADDRESS (Number and Street)			(City)	(State)	(Country or Zip Code)
	LABORATORY CONTACT (Name)				(Division/Department)	PAYROLL ACCT. NO.

2 DESCRIPTION OF ACTIVITY (Reason for visit, facility to be used, nature of experiment).

WILL BE WITH LABORATORY	LAB. PHONE	MAIL STOP	BUILDING	ROOM
FROM:				
TO:				

3 IF FILM BADGE IS REQUIRED, PLEASE GIVE BIRTH DATE: _____ SOC. SEC. NO. _____

4 U.S. CITIZEN OTHER IF "OTHER", PLEASE SPECIFY COUNTRY OF CITIZENSHIP _____

5 JOB CATEGORY STATUS AT LBL - CHECK ONE BOX

FACULTY STAFF SCIENTIST POST DOC GSRA STUDENT MANAGEMENT TECHNICAL ADM/CLERICAL

OTHER (Please Specify) _____

6 FROM [Name of Academic/University, Industry, National Laboratory, Other (e.g., Foundation, U.S. Govt., Medical Hospital, PG&E)] _____ DEPARTMENT _____

ADDRESS (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____ TELEPHONE NO. _____

7 ARE YOU AN EMPLOYEE OF THE ABOVE ORGANIZATION? IF NO, PLEASE INDICATE SOURCE OF FINANCIAL SUPPORT DURING THIS VISIT.

YES NO _____

IF YOU ARE A GRADUATE STUDENT OR POST DOC, PLEASE INDICATE BASIS OF SUPPORT.

/ / UC Berkeley If not UCB, specify Campus _____

/ / Grant / / Fellowship / / OTHER (Please Specify) _____

8 THE LAWRENCE BERKELEY 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 PAY ROLL OF THE LABORATORY. Whom should the Laboratory contact to ascertain whether or not you are covered for Worker's Compensation benefits? In the event of an injury while working at the Laboratory this information would be needed. (See Section 10 below for person to notify in case of emergency.)

NAME _____ TELEPHONE NO. _____

ADDRESS (Number and Street) _____ (City) _____ (State) _____ (Country or Zip Code) _____

9 IF COVERED BY A MEDICAL OR HEALTH INSURANCE PLAN, PLEASE GIVE NAME AND CARRIER _____

10 PERSON TO NOTIFY IN CASE OF EMERGENCY

(Name)	RELATIONSHIP	TELEPHONE	
ADDRESS (Number and Street)	(City)	(State)	Country or Zip Code)

I hereby agree to abide by all rules and regulations of the Lawrence Berkeley Laboratory and the University of California as set forth in their respectively approved policies and procedures.

11 SIGNATURE OF GUEST _____ DATE _____

12 PREPARED BY _____ APPROVED BY _____

Division/Department Secretary Lab. Ext. Division/Department Head

REMARKS:

- DIST/RETN: White - Foreign Visitors/Employment
Green - Medical Services
Canary - Telephone Services
Pink - Protective Services
Goldenrod - Host Department

MEDICAL INFORMATION FOR PARTICIPATING GUESTS
OF THE LAWRENCE BERKELEY LABORATORY
BERKELEY, CALIFORNIA

DATE _____

Name _____
Last First Initial

From _____
(Name of Institution, Company, etc.)

Will be working at LBL from _____ to _____
Date Date

Date of last Physical Examination: _____

Industrial

Private

Name, Address and Telephone Number of physician who would have medical information in case of emergency.

Please list any health condition (diabetes, heart trouble, etc.) or medication (digitalis, allergy to penicillin, etc.) that would be important to a physician treating you for a sudden illness or injury.

THIS INFORMATION IS NECESSARY IF YOU ARE INJURED OR BECOME ILL WHILE AT THE LAWRENCE BERKELEY LABORATORY. IT WILL BE HELD IN CONFIDENCE BY OUR MEDICAL DEPARTMENT.

(PLEASE FOLD THIS SHEET IN HALF, STAPLE IT AND DROP IT IN LBL MAIL. IT IS PREAMBITTED)

**UNIVERSITY OF CALIFORNIA
LAWRENCE BERKELEY LABORATORY
PATENT AGREEMENT**

This agreement is made by me with The Regents of the University of California, a corporation, hereinafter called "University", in part consideration of my employment, and of wages and/or salary to be paid to me during any period of my employment, by University, and/or my utilization of University research facilities.

By execution of this agreement I understand that I am not waiving any rights to a percentage of royalty payments received by University, as set forth in the University Policy Regarding Patents hereinafter called "Policy". I further understand that I may, with the approval of the University, request a waiver determination by the U.S. Government on my identified inventions as set forth in 41 CFR 9-9.109-6, where applicable.

I agree that every possible patentable device, process, plant, or product, hereinafter referred to as "invention", which I conceive, make (first actually reduce to practice), or develop while employed by University, or during the course of my utilization of any University research facilities, shall be examined by University to determine rights and equities in accordance with the Policy, and I shall promptly furnish University with complete information with respect to each.

In the event any such invention shall be deemed by University to be patentable, and University desires, pursuant to determination by University as to its rights and equities therein, to seek patent protection thereon, I shall execute any documents and do all things necessary, at University's expense, to assign to University all rights, title and interest therein and to assist University in securing patent protection thereon. The scope of this provision is limited by California Labor Code section 2870, to which notice is given below, to the extent said Labor Code provision is consistent with federal law. In the event I protest the University's determination regarding any rights or interests in an invention, I agree: (a) to proceed with any University requested assignment or assistance; (b) to give the University notice of that protest no later than the execution date of any of the above-described documents or assignment; and (c) to reimburse the University for all expenses and costs it encounters in its patent application attempts, if any such protest is subsequently sustained or agreed to.

I shall do all things necessary to enable University to perform its obligations to grantors of funds for research or contracting agencies as said obligations have been undertaken by University, including the University's obligations regarding patents and technical and scientific records under Contract No. DE-AC03-76SF00098. (Contract-98) with the U.S. Government. With reference to Contract-98 I agree to abide by and fully perform the terms of Clause 35 of said contract, excerpts of which are set forth on the reverse side of this agreement, as they may be amended from time to time, to the extent applicable to me, and further agree that I will report all such inventions to the Director, Lawrence Berkeley Laboratory (LBL), or his designee. To protect the patent interests of the University and the Government, I agree not to publish any information regarding scientific or technical developments made or conceived in the course of or under Contract-98 without prior approval obtained from the Director, LBL, or his designee for this purpose.

University may relinquish to me all or a part of its right to any such invention, if, in its judgment, the criteria set forth in the Policy have been met.

I agree to be bound hereunder for and during any periods of employment by University or for any period during which I conceive, make (first actually reduce to practice), or develop any invention during the course of my utilization of any University research facilities.

In signing this agreement I understand that the law, of which notification is given below, applies to me, but that I am still required to disclose all my inventions to the University.

NOTICE

This agreement does not apply to an invention which qualifies fully under the provisions of Labor Code section 2870 of the State of California, to the extent said Labor Code provision is consistent with federal law. Said Labor Code provision provides that:

Any provision in an employment agreement which provides that an employee shall assign or offer to assign any of his or her rights in an invention to his or her employer shall not apply to an invention for which no equipment, supplies, facility, or trade secret information of the employer was used and which was developed entirely on the employee's own time, and (a) which does not relate (1) to the business of the employer, or (2) to the employer's actual or demonstrably anticipated research or development, or (b) which does not result from any work performed by the employee for the employer. Any provision which purports to apply to such an invention is to that extent against the public policy of this state and is to that extent void and unenforceable.

In any suit or action arising under this law, the burden of proof shall be on the individual claiming the benefits of its provisions.

Employee/Guest Name: _____
(Please Print)

Employee/Guest Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Excerpts from Clause 35 Contract No. DE-AC03-76SF00098

(b) *Allocation of principal rights.* (1) Assignment to the Government. The University agrees to assign to the Government the entire right, title, and interest throughout the world in and to each Subject Invention, except to the extent that rights are retained by the University under paragraphs (b) (2) and (c) of this clause.

(e) *Invention identification disclosures and reports.* (1) The University shall establish and maintain active and effective procedures to ensure that Subject Inventions are promptly identified and timely disclosed. These procedures shall include the maintenance of laboratory notebooks or equivalent records and any other records that are reasonably necessary to document the conception and/or the first actual reduction to practice of Subject Inventions, and records which show that the procedures for identifying and disclosing the inventions are followed.

(f) *Publications.* It is recognized that during the course of the work under this contract, the University or its employees may from time to time desire to release or publish information regarding scientific or technical developments made or conceived in the course of or under this contract. In order that public disclosure of such information will not adversely affect the patent interests of DOE or the University, patent approval for release or publication shall be secured from Patent Counsel prior to any such release or publication.

NOTE

At LBL, patent related duties and functions have been delegated by the Director to the LBL Patent Department. Employees are therefore requested to contact LBL Patent Department for processing of patent matters. Similarly, any questions relating to the DOE and University regulations and policies relating to patents and inventions should be directed to the Patent Department.

Revised: September 1984

LBL RADIATION WORKER FORM

Supervisors must complete form for new individuals (or present individuals with change in duties) whose regular job assignment will potentially expose him/her to ionizing radiation.

NAME _____ Employment number _____

Immediate supervisor _____ Supv. Mail Stop (MS) _____ and extn. _____

Birthdate ____/____/____ Soc. Sec. No. _____ Sex M [] F [] Payroll Acct. No. _____

LBL MS _____ LBL extn. _____ Work Location—Building _____ Room _____

Check status: Employee [] Participating Guest [] Visitor [] Contractor []

If participating guest/visitor/contractor, indicate parent organization:

Organization _____

Address _____

Each radiation worker is required to participate in the LBL Personal Monitoring Program (external dosimetry and/or bioassay) where appropriate, and attend relevant EH&S Radiation Protection courses before participating in work that involves ionizing radiation. Upon receipt of the following information, EH&S will provide these services and advise the supervisor of the required radiation safety courses. IT IS THE SUPERVISOR'S RESPONSIBILITY TO INSURE THAT THE INDIVIDUAL RECEIVES PROPER TRAINING.

Check applicable radiation category(ies). Individual will:

Yes No

[] [] Handle, process or use unsealed radioisotopes? List the isotopes to be used and approximate amounts thereof _____

[] [] Use sealed sources? (Procurement of sources must be arranged through EH&S.)

[] [] Use high-level gamma irradiation facility(ies)? List building(s) _____ (Requires additional training from the facility manager.)

[] [] Use, operate, or maintain x-ray generator? (Requires additional training from X-ray System Supervisor, and state certification for human use.)

[] [] Occupy an accelerator building in excess of 35 hours per month or work in experimental areas? (gamma and neutron dosimeter required)

[] [] Occupy an accelerator building in excess of 10 hours per month? (gamma dosimeter only)

Requesting Department _____ Signature _____

Group Leader/Department Head

Individual must take this completed form to the Personal Dosimetry Office, building 90, room 0026 or other designated area. You will see a 15 minute, pretraining slide presentation entitled, "Introduction to Personal Dosimetry," and be assigned to the appropriate monitoring program.

PLEASE READ, SIGN, AND DATE THE BACK OF THIS FORM.

TO BE FILLED IN BY EH&S PERSONAL DOSIMETRY OFFICE

DATE ISSUED ____/____/____ BY _____ PRETRAINING COMPLETED ____/____/____

Personal Dosimetry Office

EH&S SIGNATURES AND DATES OF COMPLETION:

BIOASSAY PROGRAM _____ COURSE(S) _____

PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The information is requested for purposes of determining necessary dosimetry and training to new employees and guests. Lawrence Berkeley Laboratory (LBL) and the U. S. Department of Energy (DOE) policy authorize this dosimetry and training as well as maintenance of records.

Furnishing all information requested on this form is voluntary; however, failure to provide such information will delay or may even prevent completion of the action for which this form is being filled out. Information furnished on this form will be used by the EH&S Department for collection of radiation exposure data and reports to DOE, as required.

Individuals have the right to review their own records in accordance with Lab policy 2.16 and University Staff Personnel Policy 605. Information on these policies is available in the Personnel Office.

The official responsible for maintaining the information requested on this form is Department Head, Environmental Health & Safety Department, Building 875B, Lawrence Berkeley Laboratory, Berkeley, CA 94720, extension 5251.

I agree to the release of the information contained in this form for the purposes outlined above.

Employee Signature: _____

Date: _____

DOC:2197A

AUTHORIZATION FOR RELEASE OF INFORMATION

Previous Employer Name and Address:

Name (print): _____

Social Security Number: _____ Birthdate: _____

Period of employment: _____ to _____

I, hereby authorize you to release my Occupational Radiation Exposure records to the Lawrence Berkeley Laboratory.

Signed: _____

Dated: _____

LBL RADIATION WORKER FORM

Please provide the Personal Dosimetry Office with a forwarding address to send either your annual radiation dose summary (DOE Order 5480.11), or your radiation dose termination letter (DOE Orders 5484.1/5480.11).

Name: _____

Address: _____

If you are a visitor, participating guest, or visiting from another DOE facility and know approximately how long you will be at LBL, please provide the PDO with this information to expedite sending your radiation dose termination letter.

Length Of Stay: _____

PERSONNEL ACTION FORM

1	EMPLOYEE NO.	LAST NAME	FIRST	INITIAL	ALIEN <input type="checkbox"/>	EFFECTIVE DATE →	MO.	DAY	YR.
2	DEPT. NAME	PAYROLL ACCT.	SUB	SITE	CLASSIFICATION AND TITLE CODE			PRESENT HOURS	

TYPE OF ACTION



CHANGE TO

ACCOUNT TRANSFER	<input type="checkbox"/>	13	PAYROLL ACCT.	SUB	SITE	DEPT. NAME			
LABORATORY ADDRESS	<input type="checkbox"/>	27	BLDG. NO.	ROOM NO.	MAIL NO.	IF THIS ACTION INVOLVES A CHANGE IN SALARY RATE OR CLASSIFICATION, THE ACCEPTING DEPARTMENT MUST TYPE UNDER REMARKS THE NEW CLASSIFICATION AND MUST ALSO FORWARD A SALARY ADJUSTMENT REQUEST (RL 128) WITH THIS FORM. RL 128 IS NOT REQUIRED HOWEVER, IF THE CHANGE IS MEANT TO CORRECT THE EMPLOYMENT FORM.			
LABORATORY PHONE	<input type="checkbox"/>	28	EXTENSION						
HOME ADDRESS	<input type="checkbox"/>	25	NUMBER & STREET · P.O. BOX · APT. NO. OR NAME OF ORGANIZATION						
			CITY		STATE		ZIP # OR COUNTRY		
HOME PHONE	<input type="checkbox"/>	26	PHONE NO.						
NAME AND/OR NUMBER CHANGE (EMPL. # ENTERED BY PERSONNEL)	<input type="checkbox"/>		NEW EMPLOYEE NO.	LAST NAME		FIRST		INITIAL	
HOURS / % TIME CHANGE	<input type="checkbox"/>		NO. OF LRL HOURS	LRL % TIME	<input type="checkbox"/> 100% U.C. OR _____ %U.C.				
LEAVE	<input type="checkbox"/>		<input type="checkbox"/> LEAVE WITH PAY		<input type="checkbox"/> EXTENDED MILITARY LEAVE (31 DAYS OR MORE)				
			<input type="checkbox"/> LEAVE WITHOUT PAY		<input type="checkbox"/> TEMPORARY MILITARY LEAVE (30 DAYS OR LESS)				
			<input type="checkbox"/> RETURN FROM LWOP		<input type="checkbox"/> PROFESSIONAL RESEARCH & TEACHING LEAVE				
ENTER UNDER REMARKS FORWARDING ADDRESS. ALSO REASON FOR LEAVE WITH OR WITHOUT PAY			FIRST DAY OF PAID LEAVE		FIRST DAY OF LEAVE W/O PAY		LAST DAY OF LEAVE		
NOTE - A NEW PAF MUST BE SUBMITTED FOR A RETURN FROM LEAVE WITHOUT PAY.									
TERMINATION	<input type="checkbox"/>		ENTER ON ABOVE HOME ADDRESS LINE A FORWARDING ADDRESS WHICH WILL BE VALID IN JANUARY OF NEXT YEAR FOR MAILING OF WAGE AND TAX STATEMENT (W2).						
ENTER UNDER REMARKS FINAL CHECK DISTRIBUTION INSTRUCTIONS									
REMARKS OR OTHER TYPE OF ACTION:									

REQUESTER	DATE	ACCEPTING DEPARTMENT (TRANSFER)	DATE
-----------	------	---------------------------------	------

PERSONNEL DEPARTMENT USE ONLY

ROUTE TO	APPROVED	DATE
1.		
2.		
3.		
4.		

PERSONNEL STATUS	11	PAYROLL STATUS	40	VACATION CODES	54	PAYROLL USE ONLY
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Contract Labor Action Form

Name (Last, First, M.I.) _____ Guest Number _____	Effective Date _____ Today's Date _____	Contract Labor Agency _____ Authorized Division Contact Ext. _____ _____
--	--	---

Action Type	Old Data	New Data
<input type="checkbox"/> Guest Number Change	Guest Number _____	Guest Number _____
<input type="checkbox"/> % Time Change	Percent Time _____	Percent Time _____
<input type="checkbox"/> Extension of Employment (Requires Remarks)	Start Date Last Ext. Date _____	Proposed Termination Date _____
<input type="checkbox"/> Account Transfer	Department/Division Payroll Acct. _____	Department/Division Payroll Acct. _____
<input type="checkbox"/> Classification Change (Requires Remarks)	Job Classification Code _____ Job Classification _____	Job Classification Code _____ Job Classification _____
<input type="checkbox"/> Salary Change (Requires Remarks)	Hourly Base Pay _____	Hourly Base Pay _____
<input type="checkbox"/> Supervisor/Location Change	Immediate Supervisor Ext. _____	Immediate Supervisor Ext. _____
	Guest Bldg/Room Ext. _____	Guest Bldg/Room Ext. _____
<input type="checkbox"/> Authorized Contact Change	Authorized Division Contact _____	Authorized Division Contact _____
	Mail Stop Ext. _____	Mail Stop Ext. _____
<input type="checkbox"/> Termination		Termination Date Reason Code _____

Remarks/Justification

APPROVED: Human Resources Department <small>(Salary change and extension of employment beyond 2 months)</small>	Date
---	------

Contract Labor Assignment Form

Check One

- Scientific/Professional (attach job description and complete Section I)
- Technical (attach job description and complete Section I)
- Clerical (attach job description and complete Sections I & II)

Section I

Name (Last, First, M.I.) _____	<input type="checkbox"/> New Guest <input type="checkbox"/> Former Guest	Guest Number _____
Job Classification Code _____ Job Classification _____ Hourly Base Pay _____ Percent Time Work Hours _____ Start Date _____ Appt. Exp. Date _____	Department/Division _____ Payroll Acct. _____ Immediate Supervisor Ext. _____ Guest Bldg/Room Ext. _____ Authorized Division Contact _____ Mail Stop Ext. _____	Contract Labor Agency _____ Telephone Number _____ Address _____ _____ P.O. Number _____ Group Number _____

Section II

Reception <input type="checkbox"/> Front Office <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slow _____ Telephone Lines	Computer Skills <input type="checkbox"/> Word Processing <input type="checkbox"/> Data Entry Hardware _____ Software _____	Documents <input type="checkbox"/> Agendas <input type="checkbox"/> Correspondence <input type="checkbox"/> Forms <input type="checkbox"/> Manuscripts <input type="checkbox"/> Memos <input type="checkbox"/> Reports
Vocabulary <input type="checkbox"/> Medical <input type="checkbox"/> Technical <input type="checkbox"/> Scientific <input type="checkbox"/> Statistical	Miscellaneous <input type="checkbox"/> Filing <input type="checkbox"/> Copying <input type="checkbox"/> Mail Distribution <input type="checkbox"/> Errands <input type="checkbox"/> California Driver's License	Other Duties/Remarks _____ _____ _____

Order Placed _____

Order Date _____

Order Time _____

APPROVED: Human Resources Department

Guest Signature _____

Date _____

CARDKEY REQUEST FORM
(Please Print)

Name: _____
Last First Initial

Guest/ P/R
Employee No. _____ Acct. No. _____

Building _____ Room _____ Ext. _____

Division _____ Dept./Group _____

Access Requested

List each cardkey area by building and room number for which access is requested.
Put "entry" under room if cardkey access is for the building entry door only.

Bldg./Room	Bldg./Room	Bldg./Room	Bldg./Room
_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____

Supervisor's Certification

This employee has job related assignments in the areas indicated above.

Name (Print) _____ Signature _____ Date _____

Master Cardkey

All Areas Approval: _____ Date _____

(Requests must be signed by persons authorized to approve access to areas requested)

RETURN TO: Badge Office, Building 65, Room 020, Ext. 4551

RL-6465 (Rev.1/93)

continued on reverse side

Cardkey Authorizer's* Approval for each area listed on the reverse side to which access is Requested:

Name (Print) _____ Signature _____ Date _____

Name (Print) _____ Signature _____ Date _____

Name (Print) _____ Signature _____ Date _____

(*) Persons authorized to approve cardkey access must be on file at Protective Services

Cardkey Number:	Date:	Initials:

Employee Responsibility for LBL Cardkeys

I understand that:

- * LBL cardkeys are government property.
- * LBL cardkeys are not to be loaned or transferred.
- * Lost or stolen cardkeys must be immediately reported to Protective Services X5472 and to Badge Office X4551.
- * Upon termination of employment or when the cardkey is no longer required, the cardkey is to be returned to Badge Office.
- * Information about cardkeys issued to me will be provided to the Personnel Department during termination procedures.

Employee Signature _____

Date _____

Issuance of cardkey may only be made in person to the individual requesting the cardkey and requires presentation of an LBL identification badge at the BADGE OFFICE Bldg. 65 RM 20.

Sign This Request form and return it to **BADGE OFFICE, Bldg. 65 RM 020**

LAWRENCE BERKELEY LABORATORY

Visitor to Controlled Area For
Radiation Protection

DATE: _____
TIME: _____
DOSIMETER #: _____

Facility: ALS 88" Cyclotron NTLF Other

Print Name: _____ Birthdate: _____

Last _____ First _____ M.I. _____ Sex: M F

Social Security or Passport # _____

Home Address: Street & Number: _____

City: _____

State and/or Country: _____

Telephone Number: _____

*I agree to remain with my LBL escort at all times while inside a controlled area for radiation protection.
If an individual dosimeter is issued to me, I agree to wear or carry it while in a controlled area.*

Visitor Signature

Escort Name _____ Employee No. _____
(Print) Mailstop _____

Telephone No. _____

Escort Signature (Indicates receipt of group dosimeter, if issued) No. in Group: _____

Returned dosimeter received by: _____ Date: _____

Time: _____

Notice:

1. This form must be filled out by every visitor to a controlled area for radiation protection.
2. At the end of the visit, the LBL escort is responsible for the return of all film badges issued to the escort or the visitor.
3. Forms and dosimeters are to be returned to the facility office checked above.

For inquiries call ext . 6155

Dist: Blue copy Visitor Center files; White copy PDO, Bldg. 75-123, with badge

XBG-700 (5/93)

REQUEST FOR INTERNATIONAL SCHOLAR FORM

(Type or Print Clearly)

ACTION INFORMATION

SEND B-1 INVITATIONAL LETTER

(Eligible for travel reimbursement, stay in U.S. is 6 months or less)

(Eligible for honorarium only if \$1500 or less and if stay in U.S. is less than one month)

SEND J-1 INVITATIONAL LETTER AND IAP-66 FOR J-1 VISA

(Eligible for travel reimbursement, honorarium, and consulting fees)

(Attach Request for Information form)

HOST INFORMATION

Host Name: _____ MS: _____ Ext: _____
Other Division Contact Name: _____ MS: _____ Ext: _____
Division: _____ Operating Acct No.: _____ Date: _____

GUEST INFORMATION

(If available, please submit current Curriculum Vitae and/or Request-for-Information form)

Name: (Dr. / Prof. / Mr. / Ms. Mrs.) _____ Male _____ Female
E-Mail: _____ Citizenship _____
Mailing Address: _____
Fax No. _____ Telephone No. (Home): _____ (Work): _____

VISIT INFORMATION

Actual visit dates: From _____ To _____ Departure date for U.S.: _____
Will the guest travel prior to coming to LBL (e.g., visit other institutions, vacations, etc.)
_____ Yes _____ No (If yes, please provide specifics)

FUNDING INFORMATION

(Include all sources of financial support)

LBL Support: \$ _____/Day Consultant Fee _____ **LBL IS SOLE SOURCE OF FUNDING**
(Specify Amount) \$ _____ Airfare _____ **DO NOT REQUEST FUNDING VERIFICATION**
\$ _____/Month per diem (DSA)
\$ _____/Month housing allowance

Other Support: _____ Scholarship, grant, fellowship Name: _____
(Specify Amount) _____ Foreign employer Amount: \$ _____
_____ Personal Funds (for the entire visit)
_____ Foreign Government
_____ Other

NOTE: FUNDING MUST BE VERIFIED

Please note:

IAP-66 forms are issued by UCB approximately three to four weeks after the receipt of the completed Request for Information form. This timeline may vary. It is important to know all sources of funding that the scholar is receiving to determine the appropriate visa type. J-1 scholars are required to maintain the following financial support levels for the duration of their appointment: Scholar - \$800/month; Spouse - \$450/month; Child - \$200/month each. Written verification of funding is required for all sources of support. J-1 visa holders are restricted to receive payments from their program sponsor (institution that issues the IAP-66). If guests are to receive payments from multiple program sponsors, all program sponsors must be listed on the IAP-66. J-1 visa scholars and dependents are required to maintain health insurance coverage for the duration of their visit.

Send this completed form to: Adele Abanotu, Foreign Visitors Specialist, MS 90/1042 Telephone: 510/486-6515 Fax: 510/486-5870 E-Mail: acahanotu@lbl.gov

LAWRENCE BERKELEY LABORATORY
UNIVERSITY OF CALIFORNIA
TECHNICAL INFORMATION DEPARTMENT
BERKELEY, CALIFORNIA 94720