



IQCS
New Account Information

Employee Name

Primary Name:					
	Prefix	First Name	MI	Last Name	Suffix
Preferred Name:					

Employee Address

Home Address:			
City:	State:	Postal:	County:
Mail Address:			
City:	State:	Postal:	County:

Employee Phone

Phone Type:	Telephone Number:
Phone Type:	Telephone Number:
Phone Type:	Telephone Number:
Phone Type:	Telephone Number:

Employee E-mail

E-mail Type:	Address:
E-mail Type:	Address:
E-mail Type:	Address:

Date of Birth:

Estimated Qualification End Date:

National ID (SSN):

Work Location

SetID:	Org Code:	Unit ID:
Organization Name:		
Supervisor's Name:		
Administration Location Address		
Address:		City, State
Duty Station Location Address		
Address:		City, State

OPM Job Information

OPM Job Code:	Full/Part:		
Employment Kind:	Salary Plan:	Grade:	