

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40014
FolderID:

Folder Title:
Eric Goosby

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	11	3

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	00/00/0000	b(6)
002. form	re: Supplement to personnel action (1 page)	10/23/2000	b(6)
003. form	re: Drug testing (1 page)	10/23/2000	b(6)
004. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	01/17/2001	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Eric Goosby

2018-0764-F

jm2002

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
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WHITE HOUSE OFFICE
OTHER GOVERNMENT EMPLOYEES

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION	FROM: (Requesting official's name and department or office) <i>S. Thurman ONAP</i>
--	--

THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE

NAME <i>Goosby</i>	First <i>Eric</i>	Middle Initial <i>P</i>
DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY		
GRADE/STEP <i>SES</i>		
SALARY <i>[001]</i>		
PARENT AGENCY <i>DHHS</i>		

DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC). IF THIS IS AN EXTENSION, PLEASE NOTE BELOW.

1. Cover Office for Domestic AIDS Issue
2. Work on International/Africa AIDS Projects

TYPE:

☒ DETAILEE	☐ HISTORICALLY PROVIDED SERVICE	☐ STUDENT VOLUNTEER
☐ ASSIGNEE	☐ WHITE HOUSE FELLOW	☐ OTHER
☐ PRESIDENTIAL MANAGEMENT INTERN	☐ AGENCY REPRESENTATIVE	

DRUG TESTING DESIGNATION
TDP = TESTING DESIGNATED POSITION ☒ TDP

BEGINNING DATE (Mo/Day/Yr): <i>10/1/2000</i>	ENDING DATE (Mo/Day/Yr): <i>3/1/2000</i>
POSITION TITLE (At the EOP Complex):	APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone): <i>202 David Satcher / Kevin Thurn 690 7694</i>
TYPE OF DETAIL (If applicable): ☒ Non-Reimbursable ☐ Reimbursable	ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone): <i>Office of National AIDS Policy</i> <i>736 Jackson Place, NW</i> <i>6-2437</i>
IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:	DATE:
WHO CONTACT PERSON (Name & Telephone): <i>Cheryl Baylert 6-2959</i>	DATE:
SIGNATURE OF WHO APPROVING OFFICIAL: <i>[Signature]</i>	DATE:
OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:	DATE:

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OA/Box Number: 40014

FOLDER TITLE:

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Sandra Thurman
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FOLDER TITLE:

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COMPUTER SERVICES REQUEST

OFFICE OF ADMINISTRATION
INFORMATION SYSTEMS AND TECHNOLOGY

DOCUMENT TRACKING #

REQUEST SUBMITTED BY (Point Of Contact):

Please Print: (Last, First M. Initial)
Bauerle Cheryl S.

DATE SUBMITTED:
11/6/00

PHONE:
6-2959

CUSTOMER, WORK TO BE PERFORMED FOR:

Please Print: (Last, First M. Initial)
Gooshy Eric

TITLE/POSITION:

Sr. Advisor to the Director
(As seen in the EOP Phone Book)

DEPARTMENT:

WH

(Agy/PAD)

(Div/DAD)

(Sub-Div/Branch)

BUILDING:

ROOM:

PHONE:

ONAP/OPD

736 Jackson Place 3rd fl.

6-2437

CUSTOMER INFORMATION:

Pass Type:

☒ Permanent

☐ Temporary

☐ Access List

☐ Other

Emp Type:

☐ EOP Staff

☒ Detailee

☐ Intern/Student

☐ Other

(e.g., Volunteer, Fellow, ...)

CONTRACTOR & Non-EOP EMPLOYEES:

Company / Agency Name

Contract #

Purchase Order #

Co/Agy Phone #:

Company / Agency Address

Co/Agy City

Co/Agy State

Co/Agy Zip:

ACTION REQUESTED:

☐ Check if Additional Documentation attached.

Please PRINT. If Customer is replacing out going staff, or should be setup SAME AS other staff, note same and staff members name.
If you have any questions, please contact your Agency Administrator or COTR. Or, call Customer Support at #(202)395-7370.

(Set up network + noted access same as
Cheryl Bauerle)

(Specify ONLY when a Specific Date/Time is required and has been approved by ADMIN. MGMT).

REQUIRED DATE:

ACCESS REQUEST:

☒ Create
(New Account)

☐ Modify
(Update existing ID)

☐ Delete/Disable
(Departing Staff)

☐ Transfer
(Transfer Ownership)

☐ Dial-In Access
(Justify above)

☐ External Access
(Internet & X.400 Mail)

(Fill in the User Name, Server Name and IBM Mainframe ID
assigned to customer for all but NEW ID Requests.)

☐ IBM Mainframe:

(7 Char. ID)

☒ User Name:

(12 Char ID, (ALL-IN-1 & or LAN))

Novell Server Name:

(E.G.: WHADMIN, OMB_A, IRMD,...)

EQUIPMENT REQUEST:

(If request is for other than New Install, Bar Code# and Previous Equipment OWNER information is required)

☐ New Install

☐ Upgrade

☐ Re-Assign

☐ Re-Allocate

☐ Return to Inv.

☐ Site Survey

PC Load Type:

☐ US-2000

☐ OASIS 5.0

☐ Stand Alone

☐ Other

CPU Bar Code #:

(EOP BAR-CODE is located on Right Side of CPU)

CPU S/N#:

Previous or current OWNER of Equipment if not Customer:

(Owner is normally set as Default Login User Name)

Pager/Celluar

☐ Pager

S/N#:

☐ Cellular Phone S/N#:

Signature of Customer

Cheryl Bauerle

Signature of Supervisor or POC: (EOP Staff)

AUTHORIZED/APPROVED BY

(The Customer has already printed their name above. However, we request
the PRINTED names of all other signatures for effective identification.)

Bauerle, Cheryl S.

Print (Last, First M. Init.)

Date

11/6/00

Date

Signature of AGY/PAD Admin. or COTR:

Print (Last, First

M. Init.)

Date

Date

Additionally, I hereby acknowledge the following:

1. I will not enter classified information into the EOPDC computer systems.
2. I will create my own personal password the first time I logon to the EOPDC. I will not use personal identifiers (eg., name, family member's name, initials and/or date of birth, etc.) as a password.
3. I will protect my personal password from disclosure. My password is used to authenticate my identity and I will not allow its use by another person, code it into programs or write it down where it will be assessable to others.
4. I will logoff my terminal or personal computer when it is unattended.
5. I will immediately relinquish the LogonID when access is no longer required or upon request by the EOP/OA Information Security Officer, or designee.
6. I will report immediately to the EOP/OA Customer Support Help Desk at 202-395-7323:
 - o Suspected or actual unauthorized use of my LogonID; and
 - o A change in my employment status. This includes termination of employment, transfer to another group or leave of absence.

Goosby, Eric
Print Name (Last, First MI)

11/6/00
Date

[Signature]
Signature

LogonID

ONAP
Organization

6-2437
Phone

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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004. form	re: Other government employees [Personally Identifiable Information] [partial] (1 page)	01/17/2001	b(6)
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Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40014

FOLDER TITLE:

Eric Goosby

2018-0764-F
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OTHER GOVERNMENT EMPLOYEES

TO: OFFICE OF MANAGEMENT AND ADMINISTRATION		FROM: (Requesting official's name and department or office) <i>Cheryl Bauere / ONAP</i>	
THIS IS TO REQUEST THAT THE FOLLOWING INDIVIDUAL PERFORM DUTIES IN THE WHITE HOUSE OFFICE			
NAME: Last: <i>Goosby</i> First: <i>Eric</i> Middle Initial: <i>P.</i>		BIRTHDATE: <i>(b)(6)</i> SOCIAL SECURITY NUMBER: <i>(b)(6)</i> DATE AND TYPE OF APPOINTMENT IN EMPLOYING AGENCY: <i>[004]</i>	
GRADE/STEP: <i>SES</i> SALARY: PARENT AGENCY: <i>DHHS</i>		DESCRIPTION OF PROJECT OR DUTIES (PLEASE BE SPECIFIC), IF THIS IS AN EXTENSION, PLEASE NOTE BELOW: <i>End of Assignment</i>	
TYPE: ☒ DETAILEE ☐ ASSIGNEE ☐ PRESIDENTIAL MANAGEMENT INTERN ☐ HISTORICALLY PROVIDED SERVICE ☐ WHITE HOUSE FELLOW ☐ AGENCY REPRESENTATIVE ☐ STUDENT VOLUNTEER ☐ OTHER _____			
DRUG TESTING DESIGNATION: TDP = TESTING DESIGNATED POSITION ☐ TDP ☐ Non-TDP			
BEGINNING DATE (Mo/Day/Yr): <i>10/2/00</i>		ENDING DATE (Mo/Day/Yr): <i>1/17/01</i>	
POSITION TITLE (At the EOP Complex):		APPROVING OFFICIAL IN PARENT AGENCY (Name & Telephone): <i>David Satcher 690-7694</i>	
TYPE OF DETAIL (If applicable): ☒ Non-Reimbursable ☐ Reimbursable IF REIMBURSABLE, FMD CERTIFICATION OF FUNDS AVAILABILITY:		ASSIGNMENT LOCATION (Office or Division, Building, Room Number, & Telephone): <i>ONAP 736 JP</i>	
WHO CONTACT PERSON (Name & Telephone): <i>Cheryl Bauere 6-2959</i>		SIGNATURE OF WHO APPROVING OFFICIAL: <i>[Signature]</i>	
OFFICE OF MANAGEMENT AND ADMINISTRATION APPROVAL:		DATE: <i>1/17/01</i>	