DODDS PACIFIC

Employee Emergency Notification Data

SECTION A: EMPLOYEE INFORMATION		
Employee Name (Last-First-Middle Initial)	Division	Duty Phone Number
Local Address		Phone Number
FPO/APO Address		

SECTION B: EMERGENCY CONTACT INFORMATION			
STATESIDE EMERGENCY CONTACT *(Please use back of page for additional writing space)*			
Name	Relationship	Address	Phone/E-mail
LOCAL EMERGENCY CONTACT *(Please use back of page for additional writing space)*			
Name	Relationship	Local Address (Not APO)	Phone/E-mail

SECTION C: ACCOMPANIED DEPENDENT(S) INFORMATION			
Name	Relationship	Age	Address (only if different from sponsor)
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

PRIVACY ACT STATEMENT

Personnel Locator Information

1. Principal Purpose: To obtain personnel information on each person assigned to the Pacific Director's Office in order to contact relatives in case of emergency.
2. Voluntary disclosure and effect on the individual not providing information.
   Voluntary: Non-disclosure would make it difficult for the agency or an individual to contact personnel in time of an emergency. Non-disclosure would require additional time to obtain information from the individual or from other sources and delay completion of various actions.

PLEASE CHECK ONE:

☐ I give consent to release the information contained on this form to third parties.
☐ I DO NOT give consent to release the information contained on this form to third parties.

_____ Employee Signature

_____ Date

ORIGINAL: SUPERVISOR **COPY: PERSONNEL** **COPY: OFFICE OF THE DIRECTOR, DODDS PACIFIC**