CHECKLIST/INFORMATION SHEET FOR DECEASED EMPLOYEES

RPA NO.		
NAME *(Last, First, MI)*	CODE	POSITION
DATE OF DEATH	PLACE OF DEATH	CAUSE OF DEATH
NAME AND ADDRESS *(Survivor(s))*		
HOME PHONE *(Survivor(s))*	WORK PHONE *(Survivor(s))*	

CONTACTS

OFFICES TO NOTIFY	PHONE NUMBER	PERSON CONTACTED	DATE
CO *(Code 1000A)*	(202) 767-3404 (202) 404-7419 (Fax No.)		
HRSC-NE	(215) 408-5069 (215) 408-5079 (Fax No.)		
Code 1001	(202) 767-3301		
Appropriate ADOR/Code 8000 /Division Personnel			
Labstracts	(202) 767-2541		
Union Steward			
Security Branch	Call Appropriate Site Office		
Classified Material	Call Appropriate Site Office		
Credit Union	Call Appropriate Site Office		
Safety Office *(If death occurs on duty)*	Call Appropriate Site Office		

FUNERAL ARRANGEMENTS

DATE*(S)*/TIME*(S)* OF VIEWING	DATE/TIME OF FUNERAL
NAME AND ADDRESS *(Funeral Home)*	

EMPLOYEE'S LENGTH OF SERVICE

SERVICE COMPUTATION DATE *(SCD)*	LENGTH OF FEDERAL SERVICE *(Yr/Mo/Day)*
REMARKS	

Clear Form