

Employee Address and Emergency Contact Information

FULL NAME (last, first, middle)	SOCIAL SECURITY NUMBER:
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ACTIVITY: UIC 68561 SSC Norfolk	DATE OF BIRTH:	CODE:	OFFICE PHONE:	HOME PHONE:
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NEW ADDRESS: (give complete address including city, state and zip)	EFFECTIVE DATE:
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COMPLETE MAILING ADDRESS: (if different from above)

IN CASE OF EMERGENCY, NOTIFY:		ALTERNATE INFORMATION
NAME:		IF NO HOME PHONE, HOW CAN YOU BE CONTACTED?
RELATIONSHIP:	PHONE NUMBER:	
ADDRESS:		IF NO PHONE AT EMERGENCY ADDRESS, HOW CAN WE CONTACT SOMEONE THERE?
CITY, STATE, ZIP		

REMARKS: (Provide other information that may help locate your emergency point of contact.)

<i>I hereby certify that this information is correct and agree that if any information changes, I will prepare a new form and notify my supervisor immediately.</i>	DATE:
EMPLOYEE SIGNATURE:	

PRIVACY ACT STATEMENT

GENERAL. This information is provided in compliance with the Privacy Act of 1974 (P.L. 93-579).
AUTHORITY. Title 5, United States Code, Section 301, Departmental Regulations.
PRINCIPAL PURPOSE. The principal purpose of the information solicited is to provide your civilian personnel office, your payroll office and your supervisory officials with a means of contacting you at home, and to provide a means of locating your next of kin in the event of an emergency.
ROUTINE USES. The routine uses of the information solicited are for home address record in your official personnel folder and in the department you work, for personnel actions that are processed while you are on leave or after you have left the activity, for other personnel information that must be mailed to the home, for preparation of a recall list and for notification of appropriate persons in the event of an emergency.
EFFECTS OF NON-DISCLOSURE. Disclosure of the requested information is voluntary. However, failure to disclose the information could result in failure to receive copies of personnel action or other personnel information normally sent to the home, and delay in or failure to notify appropriate person in the event of an emergency.
DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER. Your social security number is used as a means of identifying you. Disclosure of your social security number is voluntary. There will be no adverse effect if you fail to disclose your social security number.