

# DODDS PACIFIC

## Employee Emergency Notification Data

<b>SECTION A: EMPLOYEE INFORMATION</b>			
Employee Name (Last-First-Middle Initial)	Division	Duty Phone Number	
Local Address		Phone Number	
FPO/APO Address			
<b>SECTION B: EMERGENCY CONTACT INFORMATION</b>			
<b>STATESIDE EMERGENCY CONTACT</b> (Please use back of page for additional writing space)			
Name	Relationship	Address	Phone/E-mail
<b>LOCAL EMERGENCY CONTACT</b> (Please use back of page for additional writing space)			
Name	Relationship	Local Address (Not APO)	Phone/E-mail
<b>SECTION C: ACCOMPANIED DEPENDENT(S) INFORMATION</b>			
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