12293

Competency/Serial Number:

Date:

CIVILIAN HOME ADDRESS RECORD

Team A handles competencies - 0.0, 0.1, 2.0, 3.0, 4.0, 5.0, 6.0 - Email form to SSC LANT 8111 TEAM A
Team B handles competencies - 1.0, 5.5, 5.6, 5.7, 7.0, 8.0 - Email form to SSC LANT 8111 TEAM B
Team C handles competencies - 5.2, 5.3, 5.4, 5.8, 5.9 - Email form SSC LANT 8111 TEAM C
Changes in this information must be reported immediately.

PRIVACY ACT STATEMENT

GENERAL: This information is provided in compliance with the Privacy Act of 1974.
AUTHORITY: Title 5, United States Code, Section 301, Departmental Regulations.
PRINCIPAL PURPOSES: The principal purposes of the information solicited are to provide your civilian personnel office, your payroll office, and your supervisory officials with a means of contacting you at home, when necessary, and to provide a means of locating your next of kin in case of emergency.
ROUTINE USES: The routine uses of the information solicited are for home address record in your personnel folder and in the Department where 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 mailing paychecks, leave and earning statements, savings bonds, and W-2 forms, for preparation of recall list, and for notification of appropriate persons in case of emergency.
EFFECTS OF NON-DISCLOSURE: Disclosure of the information requested is voluntary. However, failure to disclose the information could result in your failure to receive copies of personnel actions or other personnel information normally sent to the home, failure to receive your pay check, leave and earnings statement, savings bond, and W-2 forms, failure to be recalled for overtime opportunity, and delay in or failure to notify appropriate persons in case of emergency.

EMPLOYEE INFORMATION

NAME (Last, First, MI)	JOB TITLE	SERVICE COMP DATE

ACTIVITY	DATE OF BIRTH	COMPETENCY	HOME TELEPHONE	OFFICE TELEPHONE	BUILDING #

PRESENT ADDRESS (Include city, state, and zip code)	COMPLETE MAILING ADDRESS (If different from Present Address)

EMERGENCY CONTACT INFORMATION

NAME (Last, First, MI)	RELATIONSHIP	TELEPHONE NUMBER

ADDRESS (House number and street)	RFD AND BOX #	CITY, STATE, AND ZIP CODE

REMARKS (Give any other information that will help locate your emergency address)

ALTERNATE INFORMATION

If there is no phone at your emergency address, how can we contact someone there?

CERTIFICATION

I hereby certify that this information is correct and agree that if any of this information changes, I will prepare a new copy of this form and notify my supervisor immediately.

EMPLOYEE (Printed name)	DATE	SIGNATURE