AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS FOR DOD CIVILIAN EMPLOYEES

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5521-5527; E.O. 9397; E.O. 10982; E.O. 12107; and E.O. 12748.

PRINCIPAL PURPOSE(S): Information is collected to facilitate the issuance of emergency evacuation advance and allotment payments to a DoD civilian employee.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in delay in approval of the authorization.

1. SPONSORING CIVILIAN EMPLOYEE	2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
a. NAME *(First, Middle Initial, Last)*	5. POSITION TITLE		
b. ADDRESS *(Street, City, State and Zip Code)*	6. EMPLOYING DEPARTMENT		7. APPROPRIATION
8. EVACUATED INSTALLATION	9. EVACUATION ORDER NO.	10. DATE OF ORDER *(YYYYMMDD)*	11. DATE EVACUATED *(YYYYMMDD)*
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE *(First, Middle Initial, Last)*		13. RELATIONSHIP	

14. OTHER DEPENDENTS *(If additional space is needed, use back.)*

a. NAME	b. DATE OF BIRTH *(YYYYMMDD)*	a. NAME	b. DATE OF BIRTH *(YYYYMMDD)*

15. I hereby authorize payment of $ _____ per pay period and/or advance of pay of $ _____ to dependent named above or designated representative. I understand that funds paid will be charged against any items of pay or allowances due or to become due me after date of payment.

16. I hereby authorize dependent named above or designated representative to receive payments indicated:

a. EVACUATION SUBSISTENCE ALLOWANCE: $	b. EVACUATION TRAVEL AND TRANSPORTATION: $

17. EMPLOYEE

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

18. DEPENDENT OR DESIGNATED REPRESENTATIVE

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

19. AUTHORIZED OFFICIAL

a. TYPED NAME	b. TITLE
c. SIGNATURE	d. DATE SIGNED *(YYYYMMDD)*

20. I request the amount of $ _____ per pay period as an allotment or assignment of monies due dependent named above *(to be completed only when, because of emergency conditions, certification by employee is not available).* I *(dependent or designated representative named above)* certify that the above information is complete and accurate to the best of my knowledge and belief.

a. SIGNATURE	b. DATE SIGNED *(YYYYMMDD)*

21. PAYMENT RECORD *(If additional space is needed, use back.)*

a. DATE *(YYYYMMDD)*	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT