

### Home and Emergency Addresses

Collection of the information requested is authorized by Public Law 93-438, and includes information contained in the Privacy Act of 1974. The information you provide will be used by the Human Resources Division and, if located on AL complex or ETC, your respective Head of Office/Division Director to contact the individual you designate in the event of an emergency. This record has no routine uses outside DOE. Compliance with this request is voluntary and no penalty will be imposed for noncompliance. However, if the information submitted is inadequate or incomplete, it may be impossible to contact the person you designate in the event of an emergency.

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Please provide at least two contacts.

First person to be notified: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Second person to be notified: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Third person to be notified: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_