## 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 PURPO DoD civilian emplo		cted to facilitate the	issuance of emergency evacu	uation advance and allotm	nent payments to a	
ROUTINE USE(S):	None.					
DISCLOSURE: Vo	luntary; however, failure to	provide the request	ed information may result in d	lelay in approval of the au	thorization.	
SPONSORING CIVILIAN EMPLOYEE			2. SOCIAL SECURITY NO.		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	1	
14. OTHER DEPE	NDENTS (If additional space i	's needed, use back.)				
a. NAME  b. DATE OF BIRTH (YYYYMMDD)		a NABAT		b. DATE OF BIRTH		
		(YYYYMMDD)	a. NAME		(YYYYMMDD)	
1E I boroby outbe	orize neument of ¢	por pay p	eriod and/or advance of pay o	.f ¢	to dependent named	
above or desi			paid will be charged against a		•	
	me after date of payment.					
-	·		resentative to receive paymer			
17. EMPLOYEE	SUBSISTENCE ALLOWANCE: \$		b. EVACUATION TRAVEL AND	TRANSPORTATION: \$		
a. SIGNATURE				b. DATE SIGNED (YYYYMMDD)		
				, , ,		
18. DEPENDENT	OR DESIGNATED REPRESE	NTATIVE		ı		
a. SIGNATURE				b. DATE SIGNED (YYYYMMDD)		
19. AUTHORIZED	OFFICIAL		Ti			
a. TYPED NAME			b. TITLE			
c. SIGNATURE				d. DATE SIGNED (YYYYMMDD)		
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20. I request the	amount of \$	per pay per	riod as an allotment or assign	ment of monies due deper	ndent named above	
			ns, certification by employee			
representativ	<i>re named above)</i> certify that	t the above informat	ion is complete and accurate	to the best of my knowle	dge and belief.	
a. SIGNATURE				b. DATE SIGNED (YYYYMMDD)		
21. PAYMENT RE	CORD (If additional space is	needed, use back.)		ı		
a. DATE (YYYYMMDD) b. PAID BY (ADSN)			c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT	