

**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.

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

**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**

<b>a. SIGNATURE</b>	<b>b. DATE SIGNED (YYYYMMDD)</b>
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**18. DEPENDENT OR DESIGNATED REPRESENTATIVE**

<b>a. SIGNATURE</b>	<b>b. DATE SIGNED (YYYYMMDD)</b>
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**19. AUTHORIZED OFFICIAL**

<b>a. TYPED NAME</b>	<b>b. TITLE</b>
<b>c. SIGNATURE</b>	<b>d. DATE SIGNED (YYYYMMDD)</b>

**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.

<b>a. SIGNATURE</b>	<b>b. DATE SIGNED (YYYYMMDD)</b>
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**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