

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

Privacy Act Statement

AUTHORITY: U.S.C. 5521-5527; E.O. 9397, Nov 1943 and 10982, Dec 1961.

PRINCIPAL PURPOSE: To authorize and record emergency payments to employees and dependents.

ROUTINE USES: This record is kept by the pay office to record these payments on the permanent records. Information on this form may in appropriate cases be disclosed to other Federal agencies (IRS, Social Security Administration, OPM), to State and local taxing/welfare authorities, and to certain private organizations such as financial organizations for crediting the payments to the employee's account.

DISCLOSURE: Voluntary; however, dependent cannot be paid under emergency conditions without this authorization. Disclosure of Social Security Number is voluntary; however, this form will not be processed without employee's SSN, because the DoD identifies employees for pay and personnel purposes by SSN.

1. SPONSORING CIVILIAN EMPLOYEE a. NAME (First, Middle Initial, Last) b. ADDRESS (Street, City, State and Zip Code)		2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
		5. POSITION TITLE		
		6. EMPLOYING DEPARTMENT		7. APPROPRIATION
8. EVACUATED INSTALLATION		9. EVACUATION ORDER NO.	10. DATE OF ORDER	11. DATE EVACUATED
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)			13. RELATIONSHIP	
14. OTHER DEPENDENTS (If additional space is needed, use reverse.)				
a. NAME	b. DATE OF BIRTH	a. NAME	b. DATE OF BIRTH	
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	
18. DEPENDENT OR DESIGNATED REPRESENTATIVE				
a. SIGNATURE			b. DATE SIGNED	
19. AUTHORIZED OFFICIAL				
a. TYPED NAME		b. TITLE		
c. SIGNATURE			d. DATE SIGNED	
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	
21. PAYMENT RECORD (If additional space is needed, use reverse.)				
a. DATE	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT