

PERSONNEL DATA RECORD

NAME		SERIAL #	SOCIAL SECURITY #																							
JOB TITLE	POSITION #		BIRTH DATE / <i>POB</i>																							
	CIA BADGE #		CIA EOD DATE																							
	NPIC BADGE #		NPIC EOD DATE																							
HOME ADDRESS	HOME ADDRESS		<table border="1"> <tr> <td colspan="2">GRADE</td> </tr> <tr> <td>GS</td> <td><i>Fitness Rating</i> DATE</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		GRADE		GS	<i>Fitness Rating</i> DATE																		
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TELEPHONE	TELEPHONE																									
EMERGENCY ADDRESSEE	EMERGENCY ADDRESSEE																									
RELATIONSHIP	RELATIONSHIP																									
EMERGENCY ADDRESS	EMERGENCY ADDRESS																									
TELEPHONE	TELEPHONE																									
CLEARANCES	QWA #		DATE EFFECTIVE																							



IP FM 426 (1-70)

SECRET  
(When Filled In)

**IEG**

IEG PERSONNEL RECORD		EOD CIA/DIA	EOD NPIC	EOD IEG	SERIAL NO.
PROMOTION RECORD (TITLE/SLOT/GRADE/DATE)					
DIVISION/BRANCH	DIA/CIA BADGE NO.	BUILDING BADGE NO.	SOCIAL SECURITY NO.		
DEGREES AND OTHER COLLEGE COURSES/APPLICABLE EXPERIENCE					
<i>Photo Here</i>					
MILITARY					
BRANCH OF SERVICE	RANK-DATE OF RANK	ACTIVE DUTY DATES	RESERVES (ACTIVE)		
DATE AND PLACE OF BIRTH	EMERGENCY ADDRESS	MARITAL STATUS	HOME PHONE		
NAME	HOME ADDRESS	EXTENSION	ROOM		

*Personnel Office, IAS*

Serial No.	Name of Employee (Last-First-Middle)	Office	Room No.	Building	Office Telephone	City	Info. Date
<b>FOR MACHINE USE ONLY</b>							
Home Address (Number, Street, City, State)				Home Telephone Number			
Name of Emergency Designee				Relationship		Designee's Home Tel. No.	
Emergency Designee's Home Address (Number, Street, City, State)				Code <input type="checkbox"/> Designee Witting of Agency Employment 1-Yes 2-No 3-Agency Employed			
DO NOT EDIT, ERASE OR WRITE-IN INFORMATION IN THE SPACE ABOVE							
TO REPORT CHANGES & ADDITIONS, USE ONLY THE ITEMS BELOW. LEAVE UNCHANGED ITEMS BLANK (Refer to Handbook 20-7)							
1. Serial No.	2. Name of Employee (Last-First-Middle)		3. Office/Division - Room No. - Building - Office Telephone				
4. Home Address (Number, Street, City, State) # ASSIGNED PCS ABROAD, NOTE MAILING ADDRESS.				4a. Zipcode	5. Home Telephone No.		
6. Name of Emergency Designee			7. Relationship	8. Is Designee Witting of Your Agency Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Is Designee Employed by Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Emergency Designee's Address (Number, Street, City, State) SEE PAR. 1c OF HLIB 20-7						11. Designee's Telephone No.	
12. LIMITATION CATEGORY NUMBER  Refer to Handbook 20-7 for Definition			13. Remarks				
			14. Signature of Approving Officer				

SECRET

SECRET (When Filled In)

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FORM 9-67 642

Obsolete Previous Edition

**PERSONNEL EMERGENCY AND LOCATOR RECORD**