

CLASSIFY AS APPROPRIATE

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE (Last) (First) (Middle)

1. MARITAL STATUS (Check one)

SINGLE MARRIED SEPARATED DIVORCED WIDOWED ANNULLED

IF MARRIED, PLACE OF MARRIAGE: _____ DATE OF MARRIAGE: _____

IF DIVORCED, PLACE OF DIVORCE DECREE: _____ DATE OF DECREE: _____

2. MEMBERS OF FAMILY

NAME OF SPOUSE: _____ ADDRESS (No., Street, City, State, Zip Code): _____ TELEPHONE NO.: _____

NAMES OF CHILDREN: _____ ADDRESS: _____ SEX: _____ DATE OF BIRTH: _____

NAME OF FATHER (or male guardian): _____ ADDRESS: _____ TELEPHONE NO.: _____

NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian): _____ ADDRESS: _____ TELEPHONE NO.: _____

WHAT MEMBER(S) OF YOUR FAMILY, IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (). SPECIFY NAMES AND RELATIONSHIPS.

NAME: _____ DATE OF BIRTH: _____ RELATIONSHIP: _____

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) _____ RELATIONSHIP _____

HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE _____ HOME TELEPHONE NUMBER _____

BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE _____ BUSINESS TELEPHONE & EXTENSION _____

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you worked for.)

YES
NO

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES
NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

YES
NO

The persons name in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIREABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

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5. VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstance warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNT ARE CARRIED.</p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes" where is document located)</i></p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes" give name(s) and address)</i></p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes", who possess the power of attorney?)</i></p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
7. RESIDENCE DATE - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY <i>(No Approval Required)</i>		
RESIDENCE WHEN EMPLOYED <i>(Full Address)</i>	PERMANENT PLACE OF RESIDENCE AS DEFINED IN <input type="checkbox"/> <i>(Full Address)</i>	
8. CHANGE IN PERMANENT PLACE OF RESIDENCE <i>(See <input type="checkbox"/>)</i> <i>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)</i>		
FULL ADDRESS	DEPUTY DIRECTOR OR DESIGNEE	DATE
	DIRECTOR OF PERSONNEL <i>(when applicable)</i> per <input type="checkbox"/>	DATE
SIGNED	DATE	SIGNATURE