

**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>
<b>a. NAME</b> (First, Middle Initial, Last)		<b>5. POSITION TITLE</b>		
<b>b. ADDRESS</b> (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</b> (YYYYMMDD)	<b>11. DATE EVACUATED</b> (YYYYMMDD)
<b>12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE</b> (First, Middle Initial, Last)			<b>13. RELATIONSHIP</b>	
<b>14. OTHER DEPENDENTS</b> (If additional space is needed, use back.)				
<b>a. NAME</b>		<b>b. DATE OF BIRTH</b> (YYYYMMDD)	<b>a. NAME</b>	<b>b. DATE OF BIRTH</b> (YYYYMMDD)
<b>15.</b> 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.				
<b>16.</b> I hereby authorize dependent named above or designated representative to receive payments indicated:				
<b>a. EVACUATION SUBSISTENCE ALLOWANCE:</b> \$ _____			<b>b. EVACUATION TRAVEL AND TRANSPORTATION:</b> \$ _____	
<b>17. EMPLOYEE</b>				
<b>a. SIGNATURE</b>			<b>b. DATE SIGNED</b> (YYYYMMDD)	
<b>18. DEPENDENT OR DESIGNATED REPRESENTATIVE</b>				
<b>a. SIGNATURE</b>			<b>b. DATE SIGNED</b> (YYYYMMDD)	
<b>19. AUTHORIZED OFFICIAL</b>				
<b>a. TYPED NAME</b>		<b>b. TITLE</b>		
<b>c. SIGNATURE</b>			<b>d. DATE SIGNED</b> (YYYYMMDD)	
<b>20.</b> 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</b> (YYYYMMDD)	
<b>21. PAYMENT RECORD</b> (If additional space is needed, use back.)				
<b>a. DATE</b> (YYYYMMDD)	<b>b. PAID BY (ADSN)</b>	<b>c. VOUCHER NO.</b>	<b>d. TYPE OF PAYMENT</b>	<b>e. AMOUNT</b>