DOD CIVILIAN EMPLOYEE OVERSEAS EMERGENCY - ESSENTIAL POSITION AGREEMENT

PRIVACY ACT STATEMENT

AUTHORITY: Legal authority for the personal information, including Social Security number, required on this form is 5 USC 301.

PRINCIPAL PURPOSE: To establish emergency procedures to ensure that qualified personnel are identified to fill emergency-essential DoD civilian position overseas.

ROUTINE USE: To fill vacant emergency-essential DoD civilian position overseas.

DISCLOSURE: Voluntary. If information is not furnished, the employee will be reassigned as soon as possible without the loss of pay or grade to a non-emergency-essential position.

SECTION A - EMPLOYEE IDENTIFICATION

1. TYPED NAME *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NUMBER

SECTION B - POSITION IDENTIFICATION

1. ORGANIZATION NAME		2. POSITION NUMBER	
3. POSITION TITLE	4. PAY PLAN	5. SERIES	6. GRADE

SECTION C - SUPERVISOR'S STATEMENT

1. The position identified above is emergency-essential. In the event of a crisis or war, performance of the duties of this position is essential to the support of assigned *(Enter DoD Component)* _____ missions.

2. Performance of the duties of this position during a crisis situation or wartime will require that you *(X one)*

☐ a. Relocate *(TDY or PCS)* to a duty station in an overseas area.

☐ b. Continue to work in an overseas area after the evacuation of others who are not in civilian emergency-essential positions.

3. The incumbent of/designated alternate for *(Line through one)* this position may also be required to participate in emergency plans exercises.

4. As the incumbent of/designated alternate for *(Line through one)* this position, request you complete the agreement in SECTION D below.

5. SUPERVISOR

a. TYPED NAME *(Last, First, Middle Initial)*	b. SIGNATURE
c. TITLE	d. DATE SIGNED

SECTION D - EMPLOYEE'S AGREEMENT

1. I agree:
   a. To perform the duties and requirements of the position identified above in the event of crisis situation or wartime.
   b. To participate in emergency plans exercises when required.

2. I understand that:
   a. Failure to perform the duties of this position in an emergency may result in appropriate action - defined as separation for the efficiency of the Federal Service under the procedures contained in Federal Personnel Manual 752.

   b. Provisions have been made to evacuate my dependents from the hostile or potentially hostile zone with the same priority as other DoD sponsored dependents *(DoD Directive 5100.51)*.

   c. Steps will be taken to authorize danger pay allowance for my post if it meets the criteria established by the Department of State *(Title 5, United States Code, Section 5928 (Public Law 96-465, Section 2311) "Foreign Service Act of 1980")*.

   d. I will be given a Geneva Convention Identity Card, DD Form 489 or DD Form 1934, as appropriate, to identify me as a non combatant. *(DoD Instruction 1000.1)*

3. EMPLOYEE

a. SIGNATURE	b. DATE SIGNED