DOD CIVILIAN EMPLOYEE OVERSEAS EMERGENCY - ESSENTIAL POSITION AGREEMENT

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; E.O. 9397; and DoDD1404.10, Emergency-Essential (E-E) DoD U.S. Citizen Civilian Employees.			
PRINCIPAL PURPOSE(S): To establish emergency procedures to ensure that qualified personnel are identified to fill emergency-essential DoD civilian position overseas. The information is used to identify qualified personnel eligible to fill vacant emergency-essential DoD civilian positions overseas.			
ROUTINE USE(S): None.			
DISCLOSURE: Voluntary; however, failure to provide the information may be cause for reassignment or termination of the individual.			
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 <i>(Enter DoD Component)</i> 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. TITLE		
c. SIGNATURE			d. DATE SIGNED (YYYYMMDD)
SECTION D - EMPLOYEE'S AGREEMENT			
 I agree: To perform the duties and requirements of the position identified above in the event of crisis situation or wartime. 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 <u>appropriate action</u> - defined as separation for the efficiency of the Federal Service under the procedures contained in 5 CFR 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 (<i>DoD Directive 3025.14</i>). c. Steps will be taken to authorize danger pay allowance for my post if it meets the criteria established by the Department of State (<i>Title 5, United States Code, Section 5928 (Public Law 96-465, Section 2311) "Foreign Service Act of 1980"</i>). 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. (<i>DoD Instruction 1000.1</i>) 			
3. EMPLOYEE			
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)