



U.S. Department of State
LOCATOR SHEET

EMPLOYEE INFORMATION			
Employee Name (<i>Last, First, MI</i>)		Social Security Number	Date of Birth(<i>mm-dd</i>)
Today's Date (<i>mm-dd-yyyy</i>)	Organization	Room Number	Office Phone Number
Home Address (<i>Street, City, State, ZIP Code</i>)			Contact Phone Number
EMERGENCY CONTACT INFORMATION			
Contact Name (<i>Last, First, MI</i>)			
Home Address (<i>Street, City, State, ZIP Code</i>)			Contact Phone Number
PRIVACY ACT STATEMENT			
The legal authority for asking for this information comes from various 5 FAM and 12 FAM Department of State regulations. The information you furnish will be used to allow Human Resources to identify an emergency contact in case of your sickness, accident, or death. Executive Order 9397 (<i>November 22, 1943</i>) authorizes the use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or make it impossible for the Department to notify your emergency contact in the event of your illness, accident or death.			

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