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 *(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. TITLE
c. SIGNATURE	**d. DATE SIGNED** *(YYYYMMDD)*

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 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 *(DoD Directive 3025.14)*.

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 *(YYYYMMDD)*