U.S. Department of Justice **Employee Locator Information**

INSTRUCTIONS: This form is to be completed by all employees upon initial employment *(accession)* and whenever any information on the form changes. Changes should be promptly recorded by submission of this form to your personnel office. In accordance with the provisions of the Privacy act of 1974, submission of some data is MANDATORY, other data is requested on a VOLUNTARY basis for the safety and convenience of the employee. The MANDATORY or VOLUNTARY nature of the data is indicated in the applicable Privacy Act Statement. Certain portions of the form are to be completed by the employee's personnel office or administrative officer. Employees should leave these portions of the form blank. If you have any questions regarding completion of the form, please consult your personnel office.

EMPLOYEE IDENTIFICATION

PRIVACY ACT STATEMENT: SOCIAL SECURITY NUMBER - 1. AUTHORITY: Executive Order 9397 dated November 22, 1943. 2. PURPOSE AND USE: The Social Security Number (SSN) is used as a unique identifier for matching locator records in personnel and payroll files. Use of the SSN ensures correct identification of records for employees with the same name. 3. EFFECTS OF NON-DISCLOSURE: Disclosure of the SSN is MANDATORY. Failure to disclose the SSN on accession will result in your payroll check not being processed. Failure to disclose the SSN while reporting changes will result in the changes not being effected.

	TO BE COMPLETED BY PERSONNEL OFFICE		4. NAME *(Last, First, Middle Initial)*	5. SOCIAL SECURITY NUMBER	6. SUBMISSION DATE
L1	2. CONTROL NUMBER	3. TYPE ACTION ☐ 1 Original ☐ 2 Change			

CURRENT RESIDENCE ADDRESS FOR TAX PURPOSES

PRIVACY ACT STATEMENT: RESIDENCE ADDRESS - 1. Authority: 5 U.S.C. Sections 5516, 5517, and 5520; 26 U.S.C. Sections 6001 and 6109. 2. PURPOSE AND USE: To meet the reporting requirements of Federal, State and Local tax withholding programs. 3. EFFECTS OF NONDISCLOSURE: Disclosure of current Residence Address is MANDATORY. Failure to disclose the current Residence Address on accession will result in your payroll check not being processed. Failure to disclose changes in current Residence Address will result in violation of the cited authorities and possible penalties as prescribed therein.

7. STREET ADDRESS *(No., Name, St., Dr., Ct., Pl., etc.)*

8. SECOND LINE STREET ADDRESS *(If necessary)*

9. CITY | 10. COUNTY OR FOREIGN COUNTRY | 11. STATE | 12. ZIP CODE

CURRENT RESIDENCE ADDRESS AND TELEPHONE NUMBER

PRIVACY ACT STATEMENT: RESIDENCE ADDRESS AND TELEPHONE NUMBER - 1. AUTHORITY: 5 U.S.C. Section 301. 2. PURPOSE AND USE: To contact employees at their residence on matters of an official nature relating to their employment with the Department of Justice. Access to this information is limited to the employee's supervisor(s) OR individuals authorized by the supervisor(s). 3. EFFECTS OF NON-DISCLOSURE: Submission of this data is VOLUNTARY. If the data is not submitted, supervisory personnel may have difficulty locating employees to inform them of emergency work situations.

TELEPHONE NUMBER	13. AREA CODE	14. SEVEN DIGIT NUMBER	15. EXTENSION *(if any)*	TO BE COMPLETED BY PERSONNEL OFFICE	
				16. LOCATION CODE OF RESIDENCE	

17. MAY THE CURRENT RESIDENCE AND TELEPHONE NUMBER BE USED TO CONTACT YOU ON MATTERS RELATING TO YOUR EMPLOYMENT WITH THE DEPARTMENT OF JUSTICE? ☐ YES ☐ NO

WASHINGTON, DC METROPOLITAN AREA EMPLOYEES ONLY-COMMUTER CLUB (CARPOOL) INFORMATION

PRIVACY ACT STATEMENT: 1. AUTHORITY: There is no statutory authority for the use of this information to enroll Department of Justice employees in the Commuter Club. The Commuter Club is sponsored and operated by the Metropolitan Washington Council of Governments and the Metropolitan Washington Board of Trade. Information necessary for Commuter Club membership is supplied on a VOLUNTARY basis by each employee. 2. PURPOSE AND USE: To supply employees with a list of persons who live in close proximity to them for carpooling purposes. VOLUNTARILY joining the Commuter Club will result in the employee's name, home address, employer *(agency)*, office address, office telephone number, and approximate working hours *(Form DOJ-233, Employee Locator items 4, 7, 8, 9, 10, 11, 12, 36, 37, 38, 40, 41, 42, 43, 47 and 48)* being sent to the Commuter Club's automated data processing system. The Commuter Club will apply employee name, employee *(agency)*, and office telephone number *(Form DOJ-233, Employee Locator items 4, 36, 47, and 48)* to other Commuter Club members for carpooling purposes. 3. EFFECTS OF NON-DISCLOSURE: Disclosure of this information is VOLUNTARY. Failure to disclose will result in employee not becoming a member of the Commuter Club and, therefore, no employee information will be sent to the Club.

18. WASHINGTON, DC METROPOLITAN AREA EMPLOYEES ONLY
(If you are not interested in the Commuter Club, skip this question).

- Y ☐ Yes, - I wish to join the Commuter Club.
- N ☐ Remove my name and personnel information from the Commuter Club.
- R ☐ Report request - I am a Commuter Club member and want an updated carpool report listing.

EMERGENCY LOCATOR INFORMATION

PRIVACY ACT STATEMENT: EMERGENCY LOCATOR -1. AUTHORITY: 5 U.S.C. Sections 301 and 7901. 2. PURPOSE AND USE: To obtain emergency treatment or to notify friends or family in the event of employee injury or illness. 3. EFFECTS OF NON-DISCLOSURE: Submission of this data is VOLUNTARY and solely for the employee's safety and convenience.

L2 PERSON TO BE NOTIFIED IN EVENT OF EMERGENCY			L3 NAME OF PERSONAL PHYSICIAN		
19. NAME	20. RELATIONSHIP		28. NAME		
21. STREET ADDRESS			29. STREET ADDRESS		
22. CITY	23. STATE OR COUNTRY	24. ZIP CODE	30. CITY	31. STATE OR COUNTRY	32. ZIP CODE

TELEPHONE NUMBER	25. AREA CODE	26. SEVEN DIGIT NUMBER	27. EXTENSION *(if any)*	TELEPHONE NUMBER	33. AREA CODE	34. SEVEN DIGIT NUMBER	35. EXTENSION *(if any)*

OFFICE ADDRESS *(Completed by Administrative Officer)*

36. ORGANIZATION NAME

37. BUILDING NAME *(if any)* | 38. ROOM NUMBER

39. STREET ADDRESS

40. CITY | 41. COUNTY OR FOREIGN COUNTRY | 42. STATE | 43. ZIP CODE

L4 TELEPHONE NUMBER	46. AREA CODE	47. SEVEN DIGIT NUMBER	48. EXTENSION *(if any)*
	FTS ☐ YES ☐ NO IF NON FTS, LIST AREA CODE		

TO BE COMPLETED BY A PERSONNEL OFFICE	52. BUILDING CODE	53. ROOM NUMBER

FPI-RSK