

Data Card - Expeditionary Civilian Selectee Information Sheet (v15) AS OF 31 AUG 2023

This document CONTAINS UNCLASSIFIED INFORMATION (CUI) which must be protected under Privacy Act of 1974 and IAW DoD 5400.11-R.

COURSE: <input type="checkbox"/> Emergency Essential <input type="checkbox"/> Pre-Deployment		Course Date:	
TDY Cost Estimate (Emergency Essential Course ONLY)			
FULL NAME Last, First ,Middle (if no Middle NMN)			
Male/Female			
Service/Agency and Organization			
Current PP-SERIES-GRADE (e.g. GS-0301-12; WG-2805-10)			
Home Station - Installation			
Home Station - City & State			
Social Security Number (Required for Cross Org – DTS)			
Date of Birth (DD MMM YYYY)			
Blood Type (ID Tags)			
Religious Preference (ID Tags)			
EDIPI Number / DoD ID Number (on CAC)			
Home Address			
Mobile Phone Number			
Office Phone Number (DSN & COMM)			
Primary Email - work			
Alternate Email (available in transit)			
Emergency Contact Name			
Relationship to Emergency Contact			
Emergency Contact Address			
Emergency Contact Phone Number			
Emergency Contact Email			
Supervisor's Name			
Supervisor's Email			
Supervisor's Phone Number (DSN & COMM)			
Official Passport (SIP) (Burgundy Cover)		PP#:	Exp Date:
Tourist Passport (Blue Cover)		PP#:	Exp Date:
Government Travel Card YES <input type="checkbox"/> NO <input type="checkbox"/> FORCE PROVIDER INFORMATION.			
Type of Traveler (Select all that apply)		Is Deployer an E-E? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, have they been Validated as an EE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, provide date of Validation? <small>Click or tap to enter a date.</small>	
SUNDAY Arrival: (NLT 1300 Baggage Claim #6) <input type="checkbox"/> TDY(MOB TRAINING) <input type="checkbox"/> TCS (MOB TRAINING) <input type="checkbox"/> E-E Validation		ARMING REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO UNIFORMS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MONDAY Arrival (EE Course): (NLT 1300 Baggage Claim #6) <input type="checkbox"/> Emergency Essential (E-E) Course		CAIN CIF DRAW (Please check all that apply): <input type="checkbox"/> IOTV (Body Armor) <input type="checkbox"/> Enhanced Combat Helmet <input type="checkbox"/> M-50 Protective Mask <input type="checkbox"/> No CIF Req. (ETP required) <input type="checkbox"/> Emergency Essential Issue	
WEDNESDAY Arrival: (NLT 1300 Baggage Claim #6) <input type="checkbox"/> PCS <input type="checkbox"/> Validated E-E <input type="checkbox"/> GUEST FLYER			
POSITION NUMBER:		SECURITY CLEARANCE REQUIRED:	
POSITION TITLE:		<input type="checkbox"/> SECRET (INTERIM ACCEPTABLE) <input type="checkbox"/> NACI <input type="checkbox"/> SECRET (FULLY ADJUDICATED) <input type="checkbox"/> TOP SECRET <input type="checkbox"/> TS/SCI	
DEPLOYED ORGANIZATION:			
DEPLOYED LOCATION:		(E-E Course Must provide COCOM)	
Length of Deployment: (MONTHS)			
Anticipated Deployment Date (EE ONLY):			
Home Station Command POC:			