

CUI

Data Card - Expeditionary Civilian Selectee Information Sheet (v16) AS OF 24 Sept 2024

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) MONDAY Arrival: (NLT 1300 Baggage Claim #6) <input type="checkbox"/> TDY(MOB TRAINING) <input type="checkbox"/> TCS (MOB TRAINING) <input type="checkbox"/> E-E Validation MONDAY Arrival (EE Course): (NLT 1300 Baggage Claim #6) <input type="checkbox"/> Emergency Essential (E-E) Course WEDNESDAY Arrival: (NLT 1300 Baggage Claim #6) <input type="checkbox"/> PCS <input type="checkbox"/> Validated E-E <input type="checkbox"/> GUEST FLYER	Is Attendee 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?
	ARMING REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO UNIFORMS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	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
POSITION NUMBER:	SECURITY CLEARANCE REQUIRED: <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
POSITION TITLE:	

DEPLOYED ORGANIZATION:	LENGTH OF DEPLOYMENT:
DEPLOYED LOCATION:	
DEPLOYED IN THEATRE ORGANIZATIONAL POC NAME:	
DEPLOYED IN THEATRE ORGANIZATIONAL POC EMAIL & PHONE NUMBER:	
COCOM VALIDATING FOR (EE ONLY):	

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