

**BIA - OFFICE OF TRUST SERVICES
PATHWAYS INTERNSHIP PROGRAM**

1/13/16

Employee Contact Information Request

PURPOSE: The purpose is to collect information that the Pathways Program and Human Resources will use to contact you or in case an emergency arises. This data is required to update and maintain our employee database and will be used to send the majority of all employee notices, agency updates, alerts, publications, or other service updates electronically. This information will be held in the strictest of confidence.

EMPLOYEE INFORMATION

Name (<i>First and Last</i>):	_____
Mailing Address (Bldg, Street, City, State Zip):	_____ _____
Name of College or University:	_____
Mailing Address (Bldg, Street, City, State Zip):	_____ _____
Primary Contact Email Address:	_____
Phone (<i>Day</i>):	() _____ Cell or Landline (<i>Circle one</i>)
Other (<i>Evening</i>):	() _____ Cell or Landline (<i>Circle one</i>)

EMERGENCY CONTACT INFORMATION

Contact Name (<i>First and Last</i>):	_____	Relationship:	_____		
Street Address:	_____	City:	_____	State:	_____
Phone (<i>Day</i>):	() _____	Other (<i>Evening</i>):	() _____		

DECLARATION

I verify that the information provided by me in this form is true and complete.

Employee Signature: _____ Date: _____

You can return this form to:

Mailing Address:
Office of Trust Services
Bureau of Indian Affairs
Attention: Gayla Schock
1849 C Street, N.W. MS-4620-MIB
Washington, D.C. 20240
Telephone: (202) 208-6410

Facsimile or Email Address:
Fax: (202) 208-2745
galya.schock@bia.gov