



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS  
Office of Trust Services  
Washington, D.C. 20240

Jan 14, 2016

Memorandum

To: All Student Trainee Interns, Office of Trust Services

From: Gayla Schock, *Gayla Schock*  
Youth and Pathways Program Coordinator, Office of Trust Services

Subject: W-2 and Employee Contact Information Update

Employee Express (EEX), [www.employeeexpress.gov](http://www.employeeexpress.gov), allows you to view your Leave and Earnings statements and make changes to payroll settings and personnel information.

The 2015 Wage and Tax Statements (W-2) showing your Bureau of Indian Affairs earnings are now available in EEX for viewing and printing. Employees who have formally elected to have an electronic W-2, should access the EEX to print a copy for their tax documentation, as they will not receive a hard copy W-2 by mail. Otherwise, hard copy W-2s are being prepared, with mailing expected to begin January 19, 2016.

In addition, please complete the attached Employee Contact Information Request form and return it by Monday, January 26, 2016, via Email. This form will be used to contact you with information on the upcoming year and summer work assignments.

If you have any questions, please contact me via Email at [gayla.schock@bia.gov](mailto:gayla.schock@bia.gov) or (202) 208-6410.

Attachment

**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