U.S. Small Business Administration
Office of Disaster Assistance
EMPLOYEE NOTIFICATION FORM

1. Using this Form

This form is used to collect information on new employees. It may also be used to notify others of work schedule changes, provide employee activation and deactivation dates as well as any other changes in employee information.

Select	☐ **New Employee** (Complete Sections 2 - 6)	☐ **Work Schedule** (Complete Sections 2 & 7)	☐ **Activation/Deactivation** (Complete Sections 2 & 7)	☐ **Other Change**

2. Identifying Information

Last Name, First Name, Middle Name (*not initial*)	Gender	Social Security Number	Date of Birth *(mm/dd/yyyy)*

Street Address *(and apartment, if applicable)*	City and County	State and ZIP Code

Phone *(Primary)*	Phone *(Secondary)*	E-Mail Address (*personal*)

3. Previous Government Experience

Have you previously worked for the Federal Government?	☐ Yes	☐ No
Have you previously worked for SBA Office of Disaster Assistance?	☐ Yes	☐ No
Adjusted Service Computation Date (Computed/Entered by ODP)		

4. Driver's License Information

Do you possess a valid driver's license?	☐ Yes	☐ No

5. Emergency Contact Information

	Name	Relationship	Primary Phone	Secondary Phone
Primary				
Secondary				

6. Other Relevant Information

7. SBA Disaster Assistance Employment Information (Admin and ODP use only)

Position	Series	Grade/Step	Department

MP # (New Employee Only)	IP # (New Employee Only)

Enter on Duty Date	Not-to-Exceed Date	Length of Appointment

Duty Station	Duty Station Code	Residence City	Residence Code

New Work Schedule	Effective Date	Type of Appointment	Center	Leave Category	COLA

Activation (In-Pay) Date	Deactivation (Non-Pay) Date