# 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*) |
|---|---|---|---|
| Doe, Jane, Alice | F | 123-45-6789 | 01/01/1980 |

| Street Address (*and apartment, if applicable*) | City and County | State and ZIP Code |
|---|---|---|
| 111 Main Street | Herndon, Fairfax | VA, 20171 |

| Phone (*Primary*) | Phone (*Secondary*) | E-Mail Address (*personal*) |
|---|---|---|
| 703-555-1234 | 571-555-3121 | jane.doe@email.com |

### 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 | Michael Doe | Father | 703-555-4321 | 571-555-3412 |
| Secondary | Mary Smith | Aunt | 703-555-2143 | 571-555-4444 |

### 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 |
|---|---|
| | |