

For Official Use Only

United States Army Garrison-Miami SCEMS Data Collection Form

DIRECTIONS: Please complete the following information for the SCEMS database BEFORE you leave the CPAC with your sponsor and provide this information to your new organization's SCEMS POC, Step 3 on the USAG-MIAMI GARRISON IN-PROCESSING CHECKLIST. Please Check appropriate box and complete all information. Be sure to print legibly.

FULL NAME: _____ SSN: _____

a new employee, or for update only

Male Female Civilian Assigned to USAG-Miami yes no Directorate/Office Name _____

Complete Pay Plan/ Grade / Series: _____ Job Title: _____ Work # _____

Home # _____ Cell # _____ Cell #'s Provider _____

Email Address: _____

Home-Address: _____

City _____ State _____ Zip Code _____

County: _____

Date of Birth: _____ Place of Birth _____

Dependent's Information (Only those who reside with you). Utilize back of sheet if needed

Single Married

Dependent: _____ Relationship: _____ DOB: _____

Dependent: _____ Relationship: _____ DOB: _____

Dependent: _____ Relationship: _____ DOB: _____

Evacuation Data

Is your evacuation address the same as your home address? YES No If No, please complete the information below. If this information changes please advise your SCEMS POC to update the data in SCEMS.)

Emergency Evacuation address: _____

City _____ State _____ Zip Code _____

Emergency Contact Name: _____ Day Phone: _____

Evening Phone: _____

Emergency Contact Affiliation: _____ / Additional Notes: _____

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