

Human Resources Office Bahrain Employee Evacuation Contact Sheet

Employee Name: _____

SSN: _____ - _____ - _____

Command: _____

Department: _____

Position: _____

Title/Grade/Series: _____

Safe Haven Contact Information

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ - _____ - _____

Alternate Point of Contact: (Family member/friend)

Name: _____

Telephone number: _____ - _____ - _____

Sponsor Information

Name of Sponsor: _____

Command: _____

Telephone: 439- _____ Mobile: 9 _____

Alternate Number: _____

Alternate Command POC: _____