

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

EMERGENCY SAFE HAVEN LOCATION DESIGNATION

INSTRUCTIONS: All employees shall complete this designation pursuant to [TSA MD 1100.61-6, Emergency Evacuation Administrative Procedures](#), and the associated [Handbook](#). Employees shall provide requested contact and other information for use during emergency and non-emergency events and to facilitate disaster preparedness and recovery when TSA employees must relocate due to emergency evacuations in the area of their permanent duty stations (PDS). This information will also allow TSA to pre-approve safe havens to aid TSA officials in both placing and locating displaced employees. Employees must submit this completed designation through their supervisory chain for approval (ratification). Management officials will ensure all completed forms are maintained in a separate, easy to retrieve file or database for quick access prior to and during an emergency. Any electronic files should be backed up on moveable media (e.g., CD, DVD, or removal/external drive) or stored at an alternative TSA location (e.g., the continuity of operations (COOP) site) for access when the PDS is inaccessible. All forms must be secured in accordance with [TSA MD 3700.4, Handling Sensitive Personally Identifiable Information](#). Additional instructions and requirements are located in Section IV, Employee Acknowledgement below.

SECTION I. Employee Information

First Name: _____ Last Name: _____ MI: _____

TSA Office (Choose one): Airport HQ Other: _____

Job Title: _____ Office Phone No.: _____

Home Address: _____ Cell Phone No.: _____
(physical address) _____

_____ Home Phone No.: _____

Emergency Point of Contact: _____ Relationship: _____
(Must be able to verify employee's location)

Emergency Point of Contact Phone No.: _____

SECTION II. Legal Dependents

Full Name	Relationship	Dependent's DOB(mm/dd/yyyy)	The dependent lives with the employee and the employee provides at least 50% of his/her support.	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

NOTE: If you have more than five legal dependents, please attach a continuation sheet using the same format.

Previous editions of this form are obsolete

SECTION III. Safe Haven Location

Primary Safe Haven Location:
Address where the employee will be staying (must provide a city and state)

Address: _____
Street

_____ *City* _____ *State* _____ *Zip Code*
Nearest TSA office/facility to primary safe haven location is: _____
(Must be within 50 miles of safe haven location)

Address: _____
(TSA office/ *Street*
facility)

_____ *City* _____ *State* _____ *Zip Code*

Alternate Safe Haven Location:
Address where the employee will be staying (must provide a city and state)

Address: _____
Street

_____ *City* _____ *State* _____ *Zip Code*
Nearest TSA office/facility to alternate safe haven location is: _____
(Must be within 50 miles of safe haven location)

Address: _____
(TSA office/ *Street*
facility)

_____ *City* _____ *State* _____ *Zip Code*

SECTION IV. Employee Acknowledgement

I designate the above primary and alternate safe haven locations. In the event of an emergency evacuation, I intend to relocate to one of these two areas if I cannot remain in the location of my primary duty station. I understand:

- That the information provided in this form may be used to contact me, as needed, during both emergency and non-emergency events, as necessary;
- That safe haven locations are presumed to be located away from my residence;
- That generally I may not relocate from my PDS to a safe haven without the express authorization of the appropriate TSA official. In areas where a mandatory evacuation order has been issued, I will immediately contact my supervisory chain in person, via telephone, text message, or email to inform them of my intent to evacuate, provide a contact phone number, and then evacuate following state and local government authority direction;
- That I will travel to my safe haven by the most direct route (which is safe and practical, under the circumstances). I will contact HCAccess at 1-877-872-7990, my supervisor, or my organization, as directed, within 24 hours of evacuation to receive updated information and to provide interim contact information. Upon arrival at my safe haven, I will immediately contact the nearest TSA Headquarters Office, TSA supported airport, LE/FAMS field office, TSA Mission Support Center, TSA AOF, or approved alternative worksite, as appropriate, where I will be working;
- That, no later than the fourth day following evacuation, I will physically appear and be ready to start work at the nearest TSA office/facility or alternative worksite, as appropriate. I will be in my required TSA uniform (if any). If so directed, I will continue to make myself available for duty until the emergency situation at my PDS is resolved. My failure to report for duty by the fourth day following evacuation from my PDS may result in my placement in an absent without leave (AWOL) status. It may also result in the forfeiture of pay and allowances for which I might otherwise qualify;
- That evacuation allowances are rarely authorized. If the TSA Administrator authorizes evacuation allowances, I must comply with all applicable evacuation, personnel, and pay policies and procedures to qualify for such allowances; and
- That my contact information and my dependent information is current and correct as of the date below and that I will update this information within 30 calendar days of any changes. I understand that knowingly providing false information may subject me to administrative or criminal sanctions.

EMPLOYEE'S SIGNATURE _____ DATE _____

SECTION V. Recommendation and Approval

Immediate Supervisor's Recommendation:	Approval	Disapproval
Name: _____		
Signature: _____		Date: _____
Higher Level Management Official Approval (Ratification)		
Name: _____		
Signature: _____		Date: _____

PRIVACY ACT STATEMENT: Authority: 49 U.S.C. § 114(e), (g), and (m). **Principal Purpose(s):** To provide contact information and to facilitate disaster preparedness and recovery in the event TSA employees must relocate due to emergency evacuations in the area of their permanent duty stations by allowing TSA to pre-approve safe havens to aid TSA officials in locating displaced employees. **Routine Use(s):** This information may be shared with the appropriate Federal, State, or local agency responsible for investigating, prosecuting, enforcing, or implementing a statute, regulation, or order where a record, either on its face or in conjunction with other information indicates a violation of civil or criminal law or regulation, or for routine uses identified in the Department of Homeland Security's systems of records, DHS/ALL-14, Emergency Personnel Location Records and DHS/ALL-19, Payroll, Personnel, and Time and Attendance Records. **Disclosure:** Voluntary; however, TSA Management Directive (MD) 1100.61-6 requires that employees provide the information. Additionally, employees who fail to provide the information will be ineligible to receive certain benefits such as evacuation allowances.

Previous editions of this form are obsolete