

Employee Requesting Evacuation Assistance

Employee Name: _____

E-mail Address: _____

Date Requested: _____

Division: _____

Telephone Number: _____

Department: _____

Room Number: _____

I am hereby requesting that GSA provide me with assistance in exiting the building in the event of an emergency or evacuation. I acknowledge that I may but am not required to explain why I am requesting such assistance or divulge any medical condition. I understand that information provided in connection with my request will be confidential and used for the purpose of to determining how best to assist me in the event of an emergency/evacuation.

Employee's Signature: _____ Date: _____

Approved by: _____ Date: _____

Immediate Supervisor

Supervisor's Signature: _____ Date: _____

This form should be forwarded to the Security Division.

Security Division Use Only

Date Received: _____

Received by: _____

Special Notes: