



DHS Volunteer Force Deployment Authorization

(You must complete this form for **each** deployment)

Employee's Full Name: _____

Department/Agency: _____ **Sub Agency:** _____

Supervisor's Full Name: _____ **Supervisor's Phone:** _____

Supervisor's Email: _____

- I authorize the employee listed above to participate in support of the DHS Volunteer Force.
- I acknowledge that the employee's participation will not negatively impact operational or core mission functions.
 - I acknowledge that the employee's participation will not create a processing backlog.
 - As the supervisor of the above-mentioned employee, I have the authority to restrict the dates of their deployment and determine when they begin their deployment. In addition, I may have need to recall the individual from a deployment should organizational requirements dictate.

I do **not** authorize the employee listed above to participate in support of the DHS Volunteer Force for the following reason(s):

- Employee is on a Performance Improvement Plan
- Employee has a disciplinary/suspension action pending
- Employee has had a reduction in grade in the preceding 12 months before applying
- Employee has not been employed with the Department for at least 12 months waived (initial)
- Employee is not qualified to receive a government travel card
- Employee is critical to carrying out organizations' Mission Essential Functions
- Other (please explain):

Supervisor's Signature

Date

PRIVACY NOTICE

AUTHORITY: 5 U.S.C. § 3341 and 31 U.S.C. § 1535 authorize the collection of this information.

PRINCIPAL PURPOSE(S): DHS will use the information collected on this form to evaluate the ability of applicants to participate in the program. This may include seeking additional concurrence from others in the applicant's chain of command for the detail sought.

ROUTINE USE(S): This information will be used by and disclosed to DHS personnel and/or the applicant's home agency that need the information to process volunteers into the program. DHS will only share this information externally in accordance with the routine uses published in OPM/GOVT-1 General Personnel Records.

DISCLOSURE: Furnishing this information is voluntary; however, failure to provide accurate, complete information may result in delayed action or preclusion from volunteering.