

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Post-Travel Follow-Up Form

Office of National Security, Office of the Immediate Secretary, Washington, D.C. 20201

Please complete the attached questionnaire for both personal and official travel. Once you have completed the form, please submit your email to PersonnelSecurity@hhs.gov and ONS Global_Engagements@hhs.gov no later than five (5) days prior to your return from any travel outside of the United States. The Office of National Security (ONS) will review your submitted questionnaire and will contact you if a follow-up appointment is necessary. This requirement is mandatory for individuals currently holding national security clearances and occupying sensitive positions, as stipulated by SEAD 3 guidelines.

| Please refer to Page 3 for further details and to access | the link to the | Office of the Director of | National Intelligence (ODNI). |
|---|------------------|----------------------------------|--|
| NAME | | COUNTRY OR COU | NTRIES VISITED |
| DATES OF TRAVEL (mm/dd/yyyy–mm/dd/yyyy) | | | gnificant observations/issues to the local omatic establishments during your travel? |
| | | Yes No | |
| Planned Contacts with Foreign Governments, Companie | es or Citizens | During Foreign Travel a | and Reason for Contact |
| Unplanned Contacts with Foreign Governments, Compa | anies, or Citize | ens During Foreign Trav | rel and Reason for Contact |
| Overall, did you observe anything unusual/suspicious de etc.) including those of possible security or counterintell | uring your trave | el (room searched, beir ance? | ng followed, being photographed without consent, |
| Yes No | | | |
| If so, briefly explain what you observed. | | | |
| | | | |
| Describe any unexplained issues or difficulties in process country. | ssing through p | passport or customs con | ntrol-points upon entering or leaving the foreign |
| Describe any meetings with foreign nationals who displa | aved unusual/i | ındue interest in vou | |
| Describe any meetings with foleign nationals who disple | ayed dilasaane | andie interest in you. | |
| Did you (or do you expect to) receive requests from any documents? | foreign nation | nals for classified, sensi | tive, export controlled or proprietary information o |
| Yes No | | | |
| If so, briefly explain what you observed. | | | |
| | | | |
| Did you exchange contact information with foreign natio | nals with whor | n you plan to maintain a | a close and continuing relationship? |
| Yes No | | | |
| If so, provide the following. | | | |
| FULL NAME | | CITIZENSHIP | OCCUPATION (if applicable) |
| PHONE NUMBER | EMAIL | | |
| CURRENT STATUS OF RELATIONSHIP | | | |
| | | | |

(continued on next page)

| List any official and/or personal electronic devices you br | ought with you | l | | | |
|--|--|---------------------------|--|--|--|
| | | | | | |
| Describe any unusual activity with your electronic device | s or accounts | | | | |
| Describe any conference giveaways/gifts you received a | nd from whom | you received the giveaw | vays/gifts (i.e. USB drives, DVD, CDs) | | |
| If received from a foreign national/host , provide the foll | owing for the r | person from whom you re | acaived the diverway/dift | | |
| FULL NAME | owing for the p | CITIZENSHIP | POSITION TITLE (if applicable) | | |
| PHONE NUMBER | EMAIL | | | | |
| Have you been interviewed by any other agency or official Yes No | Have you been interviewed by any other agency or official regarding this travel? | | | | |
| Would you like to speak with an ONS representative rega | arding your tra | vel? | | | |
| ☐ Yes ☐ No | | | | | |
| ADDITIONAL COMMENTS | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SIGNATURE OF EMPLOYEE | DATE OF SU | BMISSION (mm/dd/yyyy | <i>y</i>) | | |
| Authorities numose and applicability car | ho found by | polosting the link holour | https://www.dpi.gov.or.oog.holow | | |

Authorities, purpose, and applicability can be found by selecting the link below: https://www.dni.gov or see below.

(continued on next page)

SEAD 3 Reporting Requirements for Personnel with Access to Classified Information or Who Hold a Sensitive Position

AUTHORITY

The National Security Act of 1947, as amended; Intelligence Reform and Terrorism Prevention Act of 2004, as amended; Executive Order (EO) 10450, Security Requirements for Government Employment, as amended; EO 12968, Access to Classified Information, as amended; EO 13467, Reforming Processes Related to Suitability for Government Employment, Fitness for Contractor Employees, and Eligibility for Access to Classified National Security Information; EO 13549, Classified National Security Information Program for State, Local, Tribal and Private Sector Entities; Presidential Decision Directive/NSC-12, Security Awareness and Reporting of Foreign Contacts; Performance Accountability Council memorandum, Assignment of Functions Relating to Coverage of Contractor Employee Fitness in the Federal Investigative Standards, 6 December 2012; and other applicable provisions of law.

PURPOSE

This Security Executive Agent (SecEA) Directive establishes reporting requirements for all covered individuals who have access to classified information or hold a sensitive position. Nothing in this Directive should be construed to limit the authority of agency heads to impose additional reporting requirements in accordance with their respective authorities under law or regulation.

APPLICABILITY

This Directive applies to any executive branch agency or covered individual with access to classified information or who hold a sensitive position.

SECURITY MANAGER DATABASE

All forms collected will be maintained in the Personnel Security database, Security Manager, which is owned and operated by the Office of National Security with limited access for HHS security staff only. Additionally, Security Manager is a Federal government approved security management database for storing personal identifiable information (PII) and other sensitive information. All foreign contact(s), foreign travel, and other reporting requirements are collected per SEAD 3 requirements. Generally, you would report this information during your initial background investigation or periodic reinvestigation. However, per SEAD 3 requirements, the information is required as it is obtained. Please note that for foreign contact reporting, you are required to report your *initial* contact (described as close and continuing or sharing of personal information). After you report your *initial* foreign contact, you are required to update your foreign contact information when the frequency of contact changes i.e., increase, decrease or cease.

PRIVACY IMPACT ASSESSMENT (PIA)

Please contact <u>HHSCybersecurityPolicy@hhs.gov</u> for questions regarding the Privacy Impact Assessment (PIA) on file. Security Manager PIA - P-6740463-967309.

SYSTEM OF RECORDS NOTICES (SORN)

To learn more about the SORN for the Security Manager database, please refer to SORNs 09-90-0777 - Facility & Resource Access Ctrl Records and 09-90-0020 - Suitability for Employment Records.