



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Reporting Actions and Activities for  
HHS Employees, Contractors and Affiliates**

When self-reporting or reporting for personal and/or official travel about others when necessary, the following information must be provided in the report, as available and applicable. When completed, please email this form to [PersonnelSecurity@hhs.gov](mailto:PersonnelSecurity@hhs.gov) and [International@hhs.gov](mailto:International@hhs.gov). This requirement is for individuals that currently hold national security clearances and sensitive positions per SEAD 3 requirements. Please see Page 5 for additional information and the link to the Office of the Director of National Intelligence (ODNI). **Annotate N/A as required or when unknown.**

THIS REPORTING IS FOR <i>(please select one)</i> <input type="checkbox"/> Self <input type="checkbox"/> Other	FULL NAME	STAFFDIV/OPDIV
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**FOREIGN TRAVEL**

COUNTRY OR COUNTRIES VISITED

DATES OF TRAVEL *(mm/dd/yyyy)*

MODE OF TRANSPORTATION AND IDENTITY OF CARRIERS

PASSPORT DATA

NAMES AND ASSOCIATION *(Business, Friend, Relative, etc.)* OF FOREIGN NATIONAL TRAVELING COMPANIONS**If You are Reporting Regarding Someone Else, Please Provide the Name of the Individual You are Reporting on**

NAME	STAFFDIV/OPDIV
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TELEPHONE NUMBER

RELATIONSHIP

**UNOFFICIAL CONTACTS WITH A KNOWN OR SUSPECTED FOREIGN INTELLIGENCE ENTITY(IES)**

SERVICE(S) INVOLVED	NAME OF INDIVIDUAL(S) CONTACTED	
DATE(S) OF CONTACT <i>(mm/dd/yyyy)</i>	NATURE OF CONTACT(S) TO INCLUDE ANY UNUSUAL OR SUSPICIOUS ACTIVITY	LIKELIHOOD OF FUTURE CONTACTS

**CONTINUING ASSOCIATION WITH A KNOWN FOREIGN NATIONAL(S) OR FOREIGN NATIONAL ROOMMATE(S)**

NAME OF FOREIGN NATIONAL(S)	CITIZENSHIP(S)	OCCUPATION(S)
NATURE OF RELATIONSHIP(S) <i>(business or personal)</i>		DURATION AND FREQUENCY OF CONTACT(S)
CURRENT STATUS OF RELATIONSHIP(s)		

**INVOLVEMENT IN FOREIGN BUSINESS(S)**

NATURE OF INVOLVEMENT(S)	COUNTRY(IES) INVOLVED
NAME OF BUSINESS(ES)	

**FOREIGN BANK ACCOUNT(S)**

FINANCIAL INSTITUTION(S)	COUNTRY(IES)
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<b>OWNERSHIP OF FOREIGN PROPERTY(IES)</b>			
LOCATION(S)		ESTIMATED VALUE(S)	
BALANCE(S) DUE		PURPOSE AND USE OF PROPERTY(IES)	
HOW ACQUIRED			
<b>FOREIGN CITIZENSHIP</b>			
COUNTRY	BASIS FOR CITIZENSHIP		DATE OF APPLICATION OR RECEIPT <i>(mm/dd/yyyy)</i>
<b>APPLICATION FOR FOREIGN PASSPORT OR IDENTITY CARD FOR TRAVEL</b>			
COUNTRY	DATE OF APPLICATION <i>(mm/dd/yyyy)</i>		REASON FOR APPLICATION
<b>POSSESSION OF A FOREIGN PASSPORT OR IDENTITY CARD FOR TRAVEL</b>			
ISSUING COUNTRY	NUMBER	DATE OF ISSUANCE <i>(mm/dd/yyyy)</i>	EXPIRATION DATE <i>(mm/dd/yyyy)</i>
REASON FOR POSSESSION			
<b>USE OF FOREIGN PASSPORT OR IDENTITY CARD FOR TRAVEL</b>			
ISSUING COUNTRY(IES)		REASON FOR USE	
DATE(S) <i>(mm/dd/yyyy)</i> AND COUNTRY(IES) OF USE			
<b>VOTING IN FOREIGN ELECTION</b>			
DATE <i>(mm/dd/yyyy)</i>	COUNTRY		ELECTION
<b>ADOPTION OF NON-U.S. CITIZEN CHILDREN(S)</b>			
COUNTRY(IES) INVOLVED		FOREIGN GOVERNMENT ORGANIZATION(S) INVOLVED	
FOREIGN TRAVEL(S) REQUIRED		ADOPTION AGENCY OR OTHER INTERMEDIARY(IES)	
ADOPTIVE PARENTS' CURRENT LINKAGE(S) TO FOREIGN COUNTRY(IES)			
<b>ATTEMPTED ELICITATION, EXPLOITATION, BLACKMAIL, COERCION, OR ENTICEMENT TO OBTAIN CLASSIFIED INFORMATION OR OTHER INFORMATION SPECIFICALLY PROHIBITED BY LAW FROM DISCLOSURE</b>			
DATE(S) OF INCIDENT <i>(mm/dd/yyyy)</i>		NAME OF INDIVIDUAL(S) INVOLVED	
NATURE OF INCIDENT		METHOD(S) OF CONTACT	
ELECTRONIC ADDRESS(ES)			
TYPE OF INFORMATION BEING SOUGHT			
BACKGROUND, CIRCUMSTANCES, AND CURRENT STATE OF THE MATTER			

*(continued on next page)*

MEDIA CONTACTS	
DATE(S) OF CONTACT (mm/dd/yyyy)	NAME OF MEDIA OUTLET(S)
NAME OF MEDIA REPRESENTATIVE(S)	NATURE AND PURPOSE OF CONTACT(S)
WHETHER CLASSIFIED INFORMATION OR OTHER INFORMATION SPECIFICALLY PROHIBITED BY LAW FROM DISCLOSURE WAS INVOLVED IN THE CONTACT	
CURRENT STATUS OF THE CONTACT	

  

ARRESTS	
DATE(S) (mm/dd/yyyy) OF INCIDENT(S)	LOCATION(S) OF THE INCIDENT(S)
CHARGES AND/OR CIRCUMSTANCES	DISPOSITION

  

FINANCIAL ISSUES AND ANOMALIES	
TYPE OF ISSUE OR ANOMALY (bankruptcy, inheritance, etc.)	DOLLAR VALUE(S)
REASON(S)	

  

COHABITANT(S)	
NAME(S)	CITIZENSHIP(S)
DATE(S) OF BIRTH (mm/dd/yyyy)	DURATION OF CONTACT(S)

  

MARRIAGE(S)	
NAME OF SPOUSE(S)	CITIZENSHIP OF SPOUSE(S)
DATE(S) OF BIRTH (mm/dd/yyyy)	PLACE(S) OF BIRTH
DATE(S) OF MARRIAGE (mm/dd/yyyy)	

  

ALCOHOL AND DRUG-RELATED TREATMENT(S)	
REASON(S)	
TREATMENT PROVIDER(S), TO INCLUDE CONTACT INFORMATION	
DATE(S) TREATMENT PROVIDED (mm/dd/yyyy)	
EMPLOYEE PRINTED FULL NAME	ORGANIZATION
Authorities, purpose, and applicability can be found by selecting the link: <a href="https://www.dni.gov">https://www.dni.gov</a> or see below.	
ADDITIONAL COMMENTS	
SIGNATURE OF EMPLOYEE	DATE OF SUBMISSION(mm/dd/yyyy)

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

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### AUTHORITY

The National Security Act of 1947, as amended; Intelligence Reform and Terrorism Prevention Act of 2004, as amended; Executive Order (EO-13764), as amended; EO 12968, Access to Classified Information, as amended; EO 13467, as amended 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 (ONS) 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 [HHSCybersecurityPolicy@hhs.gov](mailto:HHSCybersecurityPolicy@hhs.gov) 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.

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