



# Post-Travel Follow-Up Form

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

Please complete the questionnaire below for **BOTH personal and official travel**. After you complete the form, please email to [PersonnelSecurity@hhs.gov](mailto:PersonnelSecurity@hhs.gov) and [International@hhs.gov](mailto:International@hhs.gov) at least five (5) days of return from travel outside of the United States. Office of National Security(ONS) will review the questionnaire and contact the traveler if a follow-up appointment is necessary. This requirement is for individuals that currently hold national security clearance and sensitive positions per SEAD 3 requirements. Please see Page 3 for additional information and the link to the Office of the Director of National Intelligence (ODNI).

Name	Country or Countries Visited
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Dates of Travel	Did you report any significant observations/issues to the local authorities or US diplomatic establishments during your travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Planned Contacts with Foreign Governments, Companies or Citizens During Foreign Travel and Reason for Contact

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Unplanned Contacts with Foreign Governments, Companies, or Citizens During Foreign Travel and Reason for Contact

Overall, did you observe anything unusual/suspicious during your travel (room searched, being followed, being photographed without consent, etc.) including those of possible security or counterintelligence significance?

Yes    No

If so, briefly explain what you observed.

Describe any unexplained issues or difficulties in processing through passport or customs control-points upon entering or leaving the foreign country.

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Describe any meetings with foreign nationals who displayed unusual/undue interest in you.

Did you (or do you expect to) receive requests from any foreign nationals for classified, sensitive, export controlled or proprietary information or documents?

Yes    No

If so, briefly explain what you observed.

Did you exchange contact information with **foreign nationals** with whom you plan to maintain a close and continuing relationship?

Yes    No

If so, provide the following

Full Name	Citizenship	Occupation (if applicable)
Phone Number	Email	

Nature of Relationship ( <i>i.e. business or personal</i> )	Duration and Frequency of Contact(s)
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Current Status of Relationship

List any official and/or personal electronic devices you brought with you

Describe any unusual activity with your electronic devices or accounts

Describe any conference giveaways/gifts you received and from whom you received the giveaways/gifts (*i.e. USB drives, DVD, CDs*)

If received from a **foreign national/host**, provide the following for the person from whom you received the giveaway/gift

Full Name	Citizenship	Position Title ( <i>if applicable</i> )
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Phone Number	Email
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Have you been interviewed by any other agency or official regarding this travel?  
 Yes    No

Would you like to speak with an ONS representative regarding your travel?  
 Yes    No

Additional Comments

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

Signature of Employee	Date of Submission
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## 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 [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.