



Mission Thailand - New Arrival Form

Version 4.5 - May, 2021

PART A: FOR OFFICE SPONSOR

SECTION 1: SPONSOR INFORMATION

Sponsor's Name (Last, First MI) ,

Official E-mail Address

DOS Badge No.

Office Phone

Sponsor Type HRO Office Supervisor Other Specify

SECTION 2: NEW ARRIVAL POSITION INFORMATION

Employee Type

Official Job Title

Diplomatic Title (if any or available)

Are you an Agency chief? Yes No

If you are NON-STATE agency, please provide your agency email address in capital letter

E2 User Type

Travel Arranger

Building/Annex

Office Phone

Agency / Office Symbol

Name of employee being replaced

TOUR OF DUTY (No. of month)

Supervisor Name (Last, First MI)

Supervisor E-mail

Agency/Section Chief Name (Last, First MI)

Agency/Section Chief E-mail

SECTION 3: APPLICATION AT POST

myServices

myServices Account Request Type

myServices Service Provider

If Service Provider, are you the Approver?

PART B: FOR NEW ARRIVAL**SECTION 1: USER INFORMATION**

Applicant's Name (Last, First MI)				,
Date of Birth (MM/DD/YYYY)		Gender	SSN (Only last 4 digits)	
U.S. Citizen		Country of Birth		
DOS Badge No.		Security Clearance		
Official E-mail Address		Personal E-mail Address		
Pay Plan	Grade	Step	Military Rank	
Expected Arrival Date (MM/DD/YYYY)		Transfer Eligibility Date (MM/DD/YYYY)		
Home Leave Address		City	Zip	
		State	Phone	
OpenNet User ID (If Applicable)		ClassNet User ID (If Applicable)		
If you are DoS, are you a first or second tour officer/specialist?		N/A	1st Tour	2nd Tour
* Contact BangkokDPO@state.gov for your box number				
DPO Box Number and Address		U.S. Phone Number		

SECTION 2: FAMILY MEMBER INFORMATION

1. Spouse Name (Last, First MI)		,	Gender	
Relationship		Date of Birth (MM/DD/YYYY)	SSN (Only last 4 digits)	
Nationality		Hometown		
Address (if different than Employee)		Email Addr:		
		Phone Number	Domiciled	
			At Post	
City	State	Zip	Away from Post	
(* Emergency Contact for Spouse cannot be the employee, and must be different from employee's emergency contact)				
Emergency Contact for Spouse		Relationship		
Address		Phone Number		

SECTION 2: FAMILY MEMBER INFORMATION (Continued)

2. EFM Name (Last, First MI) , Gender			
Relationship	Date of Birth (MM/DD/YYYY)	SSN (Only last 4 digits)	
Address (if different than Employee)	Email Addr:		
	Phone Number	Domiciled	
City	State	Zip	At Post
			Away from Post

3. EFM Name (Last, First MI) , Gender			
Relationship	Date of Birth (MM/DD/YYYY)	SSN (Only last 4 digits)	
Address (if different than Employee)	Email Addr:		
	Phone Number	Domiciled	
City	State	Zip	At Post
			Away from Post

4. EFM Name (Last, First MI) , Gender			
Relationship	Date of Birth (MM/DD/YYYY)	SSN (Only last 4 digits)	
Address (if different than Employee)	Email Addr:		
	Phone Number	Domiciled	
City	State	Zip	At Post
			Away from Post

5. EFM Name (Last, First MI) , Gender			
Relationship	Date of Birth (MM/DD/YYYY)	SSN (Only last 4 digits)	
Address (if different than Employee)	Email Addr:		
	Phone Number	Domiciled	
City	State	Zip	At Post
			Away from Post

6. EFM Name (Last, First MI) , Gender			
Relationship	Date of Birth (MM/DD/YYYY)	SSN (Only last 4 digits)	
Address (if different than Employee)	Email Addr:		
	Phone Number	Domiciled	
City	State	Zip	At Post
			Away from Post

SECTION 3: EMPLOYEE EMERGENCY CONTACT INFORMATION
(Required 2 contacts, different from EFM contacts, and each contact is in a different location)

1. Name (Last, First MI)	,
Relationship	Phone Number
Address	

2. Name (Last, First MI)	,
Relationship	Phone Number
Address	

3. Name (Last, First MI)	,
Relationship	Phone Number
Address	

SECTION 4: LANGUAGE INFORMATION (Other Language apart from English)

Language#1	Speaking	Reading
Language#2	Speaking	Reading
Language#3	Speaking	Reading

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