**BLM OFFICE**

**Key Points of Contact Information EXAMPLE**

**To be completed as part of supervisory Pre-planning Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Role: | Name: | Email: | Phone: |
|  |  |  |  |
| **SUPERVISOR Name** |  |  |  |
| HR Specialist |  |  |  |
| HR Officer |  |  |  |
| EEO Specialist |  |  |  |
| Ethics Counselor |  |  |  |
| Training Officer |  |  |  |
| Time Keeper |  |  |  |
| Data Stewards |  |  |  |
| Safety Officer |  |  |  |
| IT System Administrator |  |  |  |
| FATA’s for Government Travel  |  |  |  |
| Office Front Desk |  |  |  |
|  |  |  |  |

**Who to call for Sick or Emergency Leave:**

* Immediate or Acting Supervisor
* Supervisor’s Supervisor
* Office/BLM front desk for routing to emergency contact