

Emergency Contact Form

Please print out and complete the Emergency Contact form. This form will enable us to contact a friend or family member in case of an emergency situation. Please inform the Human Resources Office whenever this information needs to be updated.

Emergency Contact Information

Employee Name:

Contact Name:

Relationship to employee:

Is this person your primary contact?

Yes

No

Check here if contact specified has same address & phone number as employee.

If contact has different address and phone number, please specify:

Street

City:

State:

Zip Code:

Home phone number:

Other phone number: (Specify type: business, pager, cellular, etc.)

Additional Contact

Contact Name:

Relationship to employee:

Is this person your primary contact?

Yes

No

Check here if contact specified has same address & phone number as employee.

If contact has different address and phone number, please specify:

Street

City:

State:

Zip Code:

Home phone number:

Other phone number: (Specify type: business, pager, cellular, etc.)