



Beaufort County Community College

5337 US Hwy 264 East Washington, NC 27889

BCCC Employee Contact / Emergency Contact Information

Please provide names and contact information for person(s) you wish to be contacted in the event of an emergency.

EMPLOYEE CONTACT INFORMATION:

Employee Name: _____ Employee ID: _____

Employee Address: _____

Phone Number: _____ Alternate Phone Number: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____

Relationship to Employee: _____

Phone Number: _____ Alternate Phone Number: _____

Is address the same as employee's address? Yes _____ No, complete below:

Address: _____

Emergency Contact Name: _____

Relationship to Employee: _____

Phone Number: _____ Alternate Phone Number: _____

Is address the same as employee's address? Yes _____ No, complete below:

Address: _____

Employee Signature: _____ **Date:** _____

This form is for BCCC employee use only.