



# 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.*