

TMC
HUMAN RESOURCES DEPARTMENT

**EMERGENCY CONTACT
FORM**

FORM#
HR-013

REVISION DATE
07/ 2008

PURPOSE: USED TO OBTAIN EMERGENCY CONTACT INFORMATION FROM ALL EMPLOYEES

RESPONSIBLE PERSON: CUSTODIAN OF HUMAN RESOURCES FILES

HOW TO COMPLETE:

ASK EMPLOYEE TO PROVIDE WITH TWO EMERGENCY CONTACTS. INCLUDE ALL POSSIBLE NAMES, ADDRESSES AND PHONE NUMBERS

WHEN TO COMPLETE:

ANYTIME AN EMPLOYEE IS HIRED OR RECALLED. MAY BE UPDATED EVERY TWO YEARS.

LOCATION:

FILED IN TAB 7 OF ALL LICENSING OR EMPLOYEE FILES

TMC
EMERGENCY CONTACT FORM

IN CASE OF AN ACCIDENT/EMERGENCY PLEASE NOTIFY:

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____
STREET, CITY, STATE & ZIP CODE

HOME TELEPHONE: _____ CELL PHONE: _____
AREA CODE & NUMBER AREA CODE & NUMBER

BUSINESS ADDRESS: _____
STREET, CITY, STATE & ZIP CODE

BUSINESS TELEPHONE: _____ OCCUPATION: _____
AREA CODE & NUMBER

ALTERNATIVE CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____
STREET, CITY, STATE & ZIP CODE

HOME TELEPHONE: _____ CELL PHONE: _____
AREA CODE & NUMBER AREA CODE & NUMBER

BUSINESS ADDRESS: _____
STREET, CITY, STATE & ZIP CODE

BUSINESS TELEPHONE: _____ OCCUPATION: _____
AREA CODE & NUMBER

EMPLOYEE NAME (PLEASE PRINT) EMPLOYEE TITLE

EMPLOYEE SIGNATURE DATE