



Effective Date \_\_\_\_\_

# WESD EMPLOYEE EMERGENCY/CONTACT INFORMATION

## EMPLOYEE CONTACT INFORMATION

- New
- Change

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other Names Used: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(No.) (Street) (Apt. No.)  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Listed  
 Unlisted

Alt. Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Location: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Vehicle License Plate #: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle License Plate #: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

*NOTE: This information will be used in emergency situations only!*

## EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## NAME CHANGE INFORMATION

Old Name: \_\_\_\_\_

New Name: \_\_\_\_\_

**\*\*REMINDER:** *If your marital status is changing, remember to complete a new W-4 and notify the Payroll Department of the need to add or delete dependents from District provided insurance.*