

Employee Emergency Contacts

Rev: 02/2016

DIRECTIONS

We are requesting that all employees provide our personnel office with the name and phone number of a person(s) we may contact in the event of an emergency. However, you are not required to provide this information. *This information will remain confidential and will be used exclusively in emergency situations.*

Employee name	Home telephone
Street address	
City, state, ZIP code	
E-mail address	
1 st EMERGENCY CONTACT PERSON	
Name	Home telephone
Relationship (optional)	
2 nd EMERGENCY CONTACT PERSON	
Name	Home telephone
Relationship (optional)	

Employee signature_____
Date