



**OHLONE COMMUNITY COLLEGE DISTRICT
EMERGENCY CONTACT INFORMATION FORM**

Employee Name: _____ **Colleague ID:** _____

Employee Address: _____
Street, City, State, Zip Code

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Email:** _____

Emergency Contact Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Emergency Contact Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____

Employee Signature: _____ **Date:** _____

If submitting this form through email, check this box to acknowledge and validate your typed signature above.

**Return completed form to the
Human Resources Office, #1203 or email to hr@ohlone.edu.**

**FOR HR USE ONLY
DISTRIBUTE AS APPLICABLE**

Datatel **Other:** _____

Completed By: _____ **Date:** _____