Glen Oaks Community College
Employee Emergency Contact Information

Employee Name	
Employee ID#	
Department/Job Title	

Primary Contact Name

Relationship	
Same Address/phone as Employee	☐ Yes ☐ No
Street Address	
City	
State	
Zip	
Home Phone	
Business Phone	
Cellular Phone	
Pager 1	
Pager 2	
Fax	
Other	

Secondary Contact Name

Relationship	
Home Phone	
Business Phone	
Cellular Phone	
Pager 1	
Pager 2	
Fax	
Other	

_____   _____
Employee Signature   *Date*

Return form to the Human Resources Department. Thank you.