



**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Print Employee Name Colleague ID # Date of Birth

\_\_\_\_\_  
Street Address (No PO Boxes) City Zip

\_\_\_\_\_  
Department Department Phone # At:  MJC  CC  YCCD

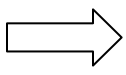
**Check all that apply:**  Student  Short-Term  Adjunct  Classified  Faculty  Mgmt/Admin

**In Case of Emergency, please notify the following:**

1. \_\_\_\_\_  
Print Contact Name Relationship  
\_\_\_\_\_  
Daytime Number Evening Number Cell Number

2. \_\_\_\_\_  
Print Contact Name Relationship  
\_\_\_\_\_  
Daytime Number Evening Number Cell Number

3. \_\_\_\_\_  
Print Contact Name Relationship  
\_\_\_\_\_  
Daytime Number Evening Number Cell Number



\_\_\_\_\_  
Signature Date

**Please return your completed form to the Human Resources Office.**  
**This information will be kept in your Personnel File.**