Clear Form

EMERGENCY CONTACT INFORMATION

Human Resources would like to have emergency contact names on file for every employee. In the event that we can not reach the first person indicated, we will use the second name. Please complete and return this form to our office, 203 Administration Bldg., as soon as possible. Thank you.

Employee Name (please print) _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Phone _____

Address _____
Street City State Zip

Name _____ Phone _____

Address _____
Street City State Zip

Please contact Human Resources whenever there is a change in the above information.

_____ _____
Employee Signature Date

Return Completed Form To:

Human Resources
210 Administration Bldg