

EMERGENCY NOTIFICATION REQUEST

Employee ID #:	Employee Name:
Employee's Department Name:	Supervisor's Name:
Date:	

LIST ONLY ONE PERSON FOR A CONTACT IN EACH BOX.

FIRST EMERGENCY CONTACT

Emergency Contact First Name:	Last Name:	Home Phone #: ()
Street Address:		Work Phone #: () Extension:
City:	State: :	Zip Code:
Country:		Email:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Roommate <input type="checkbox"/> Other		

SECOND EMERGENCY CONTACT PERSON

Emergency Contact First Name:	Last Name:	Home Phone #: ()
Street Address:		Work Phone #: () Extension:
City:	State: :	Zip Code:
Country:		Email:
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Roommate <input type="checkbox"/> Other		

This CONFIDENTIAL information will only be used in case of personal emergency, and will NOT be retained in your Personnel File or be accessible by the public. Please fill in the areas as indicated above and bring with you on your first day of employment.