

EMERGENCY NOTIFICATION INFORMATION

PRINT ALL INFORMATION

Department: _____ Date: _____

Name: _____
 Last First MI

Address: _____
 Street City State ZIP

Home Phone: (_____) _____

Social Security #: _____ - _____ - _____

First person to notify in case of emergency:

Name: _____

Work Phone: (_____) _____ Home Phone: (_____) _____

Alternate person to notify in case of emergency:

Name: _____

Work Phone: (_____) _____ Home Phone: (_____) _____

PLEASE NOTE: This form will be filed in your work unit's payroll section. It is for your protection and assistance in the event of a serious personal emergency. It is suggested that you review this form periodically and revise it each time you feel it is necessary.