We need to know who to contact in case of an emergency

Instructions -*please print or type the requested information.*

- Complete Employee Information section
- Provide name, address and phone number for two emergency contacts Under Contact Information.
- Sign the completed form and turn it in to your supervisor.
- Complete a new form when any of the information provided becomes obsolete.

The personnel office will keep the original and send a copy to your supervisor.

Employee Information

Employee Name:	**Organization:**
Title and Grade:	**Work Location or Room Number:**
Home Street Address:	
City, State, Zip Code: city: state: zip:	
Home Phone:	**Work Phone:** ext

Contact Information

1				
	Name of Contact First Name M.I. Last Name		**Relationship to Employee:**	
	Street Address:		**City**	**State** / **Zip Code**
	Home Phone		**Work Phone**	ext

2				
	Name of Contact First Name M.I. Last Name		**Relationship to Employee:**	
	Street Address:		**City**	**State** / **Zip Code**
	Home Phone		**Work Phone**	ext

Signature of Employee **Date**

DL Form 1-65

Print Reset