

The purpose of this form is to provide at least one individual whom the university can notify in case of an emergency or accident while you are at work. Please provide as much of the following information as possible.

EMPLOYEE INFORMATION

Employee Name _____ Employee ID _____
Last, First *Last 4 Numbers*

Department _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Employee _____

Street Address _____

City/State/ZIP _____

Daytime Phone _____ Evening Phone _____

ALTERNATIVE CONTACT INFORMATION

Name _____ Relationship to Employee _____

Street Address _____

City/State/ZIP _____

Daytime Phone _____ Evening Phone _____