

Emergency Contact Information

A copy of this will be placed in your personnel file. Please sign and date at the designated place below and return the original to EML 255 for your personnel file. (You are welcome to make a copy for yourself if you would like.) We will check to see if these need to be updated each year.

Name: _____

Current Address: _____

City, State Zip: _____

In the event of an emergency, please contact: _____

at the following phone #s:

day: _____

evening: _____

cell: _____

If this individual is not available, please contact: _____

at the following phone #s:

day: _____

evening: _____

cell: _____

Signature

Date