



Emergency Contact Information

Emergency contact information is necessary in the event we need to communicate with someone regarding a situation that involves you, when you are not able to contact anyone yourself. This information will be kept secure in your employee folder and will only be used in the event of a medical emergency.

Please return this form to Sherry (Payroll). If you are working in the field please return this form to your Superintendent and he will return to the office.

EMPLOYEE NAME: _____

Employee Address: _____

Employee Birthdate: _____

Emergency Contact #1

Name: _____

Relationship: *(spouse, parent, child, other)* _____

Cell/Home Phone: _____

Employer _____

Work Phone: _____

Emergency Contact #2

Name: _____

Relationship: *(spouse, parent, child, other)* _____

Cell/Home Phone: _____

Employer _____

Work Phone: _____

