



## Employee Emergency Contact Information

Employee's Name: \_\_\_\_\_

Department: \_\_\_\_\_

### Primary Emergency Contact

Primary Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Number: \_\_\_\_\_

### Secondary Emergency Contact

Secondary Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Other Number: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date