

EMPLOYEE EMERGENCY CONTACT FORM

In the event you are involved in an accident or other emergency while on campus, it is very important that we have on file the name(s) of the person(s) you would want to be contacted. We, therefore, encourage you to fill in the information requested below and return the completed form to the Office of Human Resources.

Employee Information: EE ID:

Name:       Department:

Building/Office #:       /      Ext:

Primary Contact #:       Secondary Contact #:

Primary person to be notified in case of accident or emergency:

Name:       Relationship:

Primary Contact #:       Secondary Contact #:

Secondary person to be notified in case of accident or emergency:

Name:       Relationship:

Primary Contact #:       Secondary Contact #:

This information is confidential. It will only be used for the reasons stated above. Thank you for your cooperation.

Medical information is confidential. It is your decision and responsibility to inform others if you believe it is necessary for your health and safety while at work.

[ ]  I have voluntarily provided the above contact information and authorize East Central College and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature Date