

Emergency Notification

Date: _____ Clock # : _____

Employee Name: **(Please Print)** _____

Department: _____ Location: _____

Who to notify in case of emergency: _____

Their Address: _____

Day Phone #: _____ Evening Phone #: _____

Relationship to you : _____

Employee Signature: _____

Retain copy for your records, interoffice original to Human Resources.