

# 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.**