

DCRI Employee Emergency Contact Information

Last Name: _____ First Name: _____

Middle Name: _____ Preferred Name: _____

Full Home Address: _____

Street

City

State

Zip

Personal Email Address: _____

Home Phone: _____ Alternate Cell Phone: _____ Office/Desk Phone: _____

Phone Carrier: _____ Work Cell Phone: _____

Date of Birth: ____/____/____
(Month/Year)

In the event of an emergency, your contacts will be notified in the order indicated below:

Primary Contact

Name: _____

Address: _____

Telephone: _____

Relationship: _____
(Optional)

Alternate Contact

Name: _____

Address: _____

Telephone: _____

Relationship: _____
(Optional)

This information is required as part of your departmental personnel folder. It is regarded as confidential data and is secured by the Human Resources Department.

(Employee Signature)

(Date)