



EMERGENCY CONTACT

Please complete this form so that we have a record of whom to contact should an emergency situation arise. If your home address or information should change, you will need to update this form and your W-4 card.

EMPLOYEE INFORMATION

Name: _____ UFID #: _____

Home address: _____

Home/evening/cell phone: () _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Address: _____

Work/daytime phone: () _____ ext: _____ Home/evening/cell phone: () _____

In the event the above person cannot be reached, please contact:

Name: _____ Relationship: _____

Home Address: _____

Work/daytime phone: () _____ ext: _____ Home/evening/cell phone: () _____

Name: _____ Relationship: _____

Home Address: _____

Work/daytime phone: () _____ ext: _____ Home/evening/cell phone: () _____

COMMENTS

Are there any important medical conditions, allergies, or other special instructions you would like us to know about in the event of an emergency? (If yes, use space below)

Employee Signature

Date

Work phone number

Submit