



**Employee Emergency Contact Form**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Start date: \_\_\_\_\_

Ordinance/Contract: \_\_\_\_\_ Step/Wage: \_\_\_\_\_

Department: \_\_\_\_\_

**Primary Emergency Contact**

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Emergency Contact**

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_