

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: _____