# Employee Contact Information

| Employee Information | | | |
|---|---|---|---|
| Employee Name: | | | |
| Address: | Street Address | | |
| | City | State | Zip |
| Primary Phone #:<br>(Used to notify employees of emergency closings, delayed openings, etc.) | | | |
| Cell Phone #:<br>(If different than primary phone #) | | | |
| Alternate Phone #: | | | |

| Emergency Contact Information | | | |
|---|---|---|---|
| Primary Emergency Contact: | | Relationship to employee: | |
| Primary Phone #: | | Alternate Phone #: | |
| Alternate Emergency Contact: | | Relationship to employee: | |
| Primary Phone #: | | Alternate Phone #: | |

_____          _____

Employee Signature                                            Date

**PLEASE RETURN TO HUMAN RESOURCES**

**For Office Use Only**

Date Received: _____
Keyed By: _____
Date Keyed: _____