pennsylvania

Rev. 4/28/10

Employee Emergency Information

Return this form to your agency's human resources office.

Date: _____

Employee Name: _____
Last First MI

Agency: _____ Office: _____

Telephone: _____ _____
Home Work

In the event I need immediate medical attention and I am unable to verbally communicate, it is my desire that the following individual(s) be contacted and advised of my condition. These individuals will provide instructions relative to the emergency.

First	**OR**	**Alternate**
Name: _____		Name: _____
Relationship: _____		Relationship: _____
Address: _____		Address: _____
City: _____		City: _____
State: _____ Zip Code: _____		State: _____ Zip Code: _____
Home Telephone (include area code) _____		Home Telephone (include area code) _____
Work Telephone (include area code) _____		Work Telephone (include area code) _____

- Print legibly, in a dark color.
- Correctness of emergency information on file is the sole responsibility of the employee.
- Notify your agency's office of human resources as changes occur

_____ _____ _____
Employee Signature **Employee Number** **Date**