

**EMERGENCY USE EMPLOYEE INFORMATION**

1. DATE

2. NAME (Last, first, middle initial)

3. SSN (Last 4 digits)

XXX-XX-

4. STREET ADDRESS

5. CITY

6. STATE

7. ZIP CODE

8. HOME PHONE NUMBER

9. OFFICE DAYTIME PHONE NUMBER

10. MOBILE PHONE NUMBER

11. ADDITIONAL MOBILE PHONE NUMBER (If applicable)

12. E-MAIL ADDRESS

**Person to be notified in case of emergency:**

13. NAME (Last, first, middle initial)

14. STREET ADDRESS

15. CITY

16. STATE

17. ZIP CODE

18. HOME PHONE NUMBER

19. OFFICE/DAYTIME PHONE NUMBER

20. MOBILE PHONE NUMBER

21. E-MAIL ADDRESS

**Alternate emergency contact:**

In the event of a regional disaster (such as a hurricane) communications within our area often become nonfunctional. Please provide the following information for someone that you would likely contact who lives outside of our immediate area. We would use this information in an emergency in efforts to account for you and assure your safety.

22. NAME (Last, first, middle initial)

23. STREET ADDRESS

24. CITY

25. STATE

26. ZIP CODE

27. HOME PHONE NUMBER

28. OFFICE/DAYTIME PHONE NUMBER

29. MOBILE PHONE NUMBER

30. E-MAIL ADDRESS

**Medical Information::**

31. DOCTOR'S NAME

32. DOCTOR'S OFFICE PHONE NUMBER

**Do you belong to any Reserve Unit of the Armed Forces:**33.  YES  NO 34. If YES, specify which Branch of Service

35. NAME OF MILITARY POINT OF CONTACT (POC)

36. POC PHONE NUMBER

37. STREET ADDRESS OF MILITARY POC

38. CITY

39. STATE

40. ZIP CODE

**PRIVACY ACT STATEMENT**

Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of the information is by management and your human resources office is to contact you, a family member or your designated individual, in the event of an emergency. While the law does not require you to supply this information on this form, doing so will help in the prompt notification of you in the event of an emergency.