

# Glen Oaks Community College

## Employee Emergency Contact Information

Employee Name	
Employee ID#	
Department/Job Title	
<b>Primary Contact Name</b>	
Relationship	
Same Address/phone as Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	
City	
State	
Zip	
Home Phone	
Business Phone	
Cellular Phone	
Pager 1	
Pager 2	
Fax	
Other	
<b>Secondary Contact Name</b>	
Relationship	
Home Phone	
Business Phone	
Cellular Phone	
Pager 1	
Pager 2	
Fax	
Other	

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

**Return form to the Human Resources Department. Thank you.**