

For Office Use Only:

SACS

Ins.

PERS

Sp Srvs, as applicable

Tulare County Office of Education

Jim Vidak, County Superintendent of Schools

EMPLOYEE EMERGENCY INFORMATION

In an effort to maintain current and accurate information on our employees, we ask that you furnish us with the following information outlined on the form below and return as soon as possible to Human Resources. We also ask that you notify Human Resources of any changes in the future if they occur. This should be done within 20 days of change. Thank you.

Employee Name: _____
(Last) *(First)* *(M.I.)*

Address: _____

City: _____ Zip: _____ Social Security (*last four digits only*) #: _____

Home Phone #: _____ Business #: _____ Cell Phone #: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____

Address: _____

City/State/Zip: _____

Relationship: _____

Home Phone #: _____ Business #: _____ Cell Phone #: _____

Alternate Contact Information:

Name: _____

Address: _____

City/State/Zip: _____

Relationship: _____

Home Phone #: _____ Business #: _____ Cell Phone #: _____

(employee signature)

(date signed)