

- For Office Use Only:
- SACS
  - Ins.
  - PERS
  - Sub Finder Operator
  - 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.)*

Mailing 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)*