Emergency Contact Information

It is the employee's responsibility to update this information as it changes.

Employee Information:

Name: _____

Home Address: _____

_____

Home Phone: _____ Cell Phone: _____

Emergency Contact: ***(please list 2)***

1) Full Name _____

Contact Phone: _____

Relationship: _____

2) Full Name: _____

Contact Phone: _____

Relationship: _____

Signature: _____

Date: _____

Distribution: Scan to NewEmployee.Paperwork@parks.wa.gov with all other new employee forms and keep the original at the work location.