

WORCESTER STATE COLLEGE
EMERGENCY INFORMATION

The personnel computer data file has a field for **Emergency Information**. In order for us to maintain current data, we are asking you to provide us with the information below and return this form to the Human Resources Office within ten (10) days of employment.

Thank you for your attention to this request.

Employee Name: _____ ID# _____
(PLEASE PRINT)

In case of emergency, please notify:

Name: _____

Relationship: _____

Primary Telephone#: _____
Specify if the number given is Home or Work

Secondary Telephone: _____

Address: _____

Please list any additional information that may be needed in case of an emergency:

Employee Signature

Date