

**WORCESTER STATE UNIVERSITY**

**EMERGENCY INFORMATION**

The new HR/CMS personnel computer data file has a panel 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.

Thank you for your attention to this request.

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**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:**

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

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