

## Human Resources Department

### Employee Emergency Information

This information should be completed and returned to your Human Resources Technician Roxanne Nichols (Last Name A-K) [roxanne.nichols@yubacoe.k12.ca.us](mailto:roxanne.nichols@yubacoe.k12.ca.us) or Misty Crooks (Last Name L-Z) [misty.crooks@yubacoe.k12.ca.us](mailto:misty.crooks@yubacoe.k12.ca.us) for placement in your personnel file. Should any of this information change, please submit a corrected form to your Human Resources Technician. It is important that this data be kept current at all times.

*(Please print)*

<b>EMPLOYEE INFORMATION</b>	EMPLOYEE (FULL LEGAL) NAME		PRIMARY CONTACT NUMBER
	HOME ADDRESS		SECONDARY CONTACT NUMBER
	CITY	STATE	ZIP
	PRIMARY PERSONAL EMAIL ADDRESS		
<b>PERSON(S) TO NOTIFY IN CASE OF AN EMERGENCY</b>	NAME		PRIMARY CONTACT NUMBER
	ADDRESS		SECONDARY CONTACT NUMBER
	CITY	STATE	ZIP
	NAME		PRIMARY CONTACT NUMBER
	ADDRESS		SECONDARY CONTACT NUMBER
	CITY	STATE	ZIP
<b>MEDICAL INFORMATION</b>	Do you have any physical condition(s) that would be significant in a medical emergency: (Include medication taken regularly)		

**Personal contact information, such as phone numbers, may be included in various departmental business continuity planning documents. Confidential information may be provided to authorized business continuity staff, or other County agencies, and in the event of an emergency. If you have a chronic medical condition (i.e., heart condition, epilepsy, asthma, allergy, etc.) that prevents you from working during normal business hours, you are encouraged to discuss symptoms and emergency treatment with your supervisor.**

EMPLOYEE'S SIGNATURE	DATE
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