

## Employee Emergency Contact Form

Name \_\_\_\_\_ UIN# \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Department \_\_\_\_\_ Work # \_\_\_\_\_ Work Location \_\_\_\_\_

**COMPLETE ONLY THE SECTIONS THAT HAVE CHANGED:**

**Personal Information:**

Employee Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Preferred Contact: Cell# \_\_\_\_\_ Home # \_\_\_\_\_

**Emergency Contact Info:**

(1) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Email address \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Email address \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Email address \_\_\_\_\_

I have voluntarily provided the above contact information and authorize ODU Research Foundation and its representatives to contact any of the above on my behalf in the event of an emergency.

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