

Employee Emergency Information

_____ School Year

Certificated - changes are now done through Employee Portal **Classified**

Name: _____

Assignment: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
Street City Zip

Mailing Address: _____
(If different from Home Address) Street City Zip

Home Email Address: _____

Check Here () If New Address Check Here () If New Phone No. Check Here () If New Email Address

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IN AN EMERGENCY, PLEASE NOTIFY:

1. Name: _____ Relationship: _____

Address: _____
Street City Zip

Home Phone: _____ Business Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____
Street City Zip

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Revised 4/20

