

BUTLER COUNTY COMMUNITY COLLEGE
IN CASE OF EMERGENCY NOTIFICATION

Please provide the name, address, phone numbers, email address, and relationship of the person you would want notified in case of an emergency. This information will be kept confidential in your personnel file and should be kept up-to-date at all times. In the event that your primary contact can not be reached, we will notify the secondary contact.

After filling out this form, return it to the Human Resources Office. If you have any questions, call Ext. 8353 or 8291.

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT:

NAME: _____
ADDRESS: _____

HOME TELEPHONE NUMBER: _____
WORK TELEPHONE NUMBER: _____
CELLPHONE NUMBER: _____
EMAIL ADDRESS: _____
RELATIONSHIP: _____

SECONDARY CONTACT:

NAME: _____
ADDRESS: _____

HOME TELEPHONE NUMBER: _____
WORK TELEPHONE NUMBER: _____
CELLPHONE NUMBER: _____
EMAIL ADDRESS: _____
RELATIONSHIP: _____

EMPLOYEE NAME (PLEASE PRINT)

EMPLOYEE SIGNATURE

DATE