



Records Office  
Workforce Development and  
Resources Section  
630.840.3417 (phone)  
630.840.2306 (fax)

## **EMERGENCY CONTACT FORM**

.....  
Employee ID: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
.....

**1)** Emergency Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Same Address as Employee:

Same Phone as Employee:

### **CONTACT ADDRESS**

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal: \_\_\_\_\_

### **CONTACT PHONE**

Phone (Include area code): \_\_\_\_\_ Phone Type: \_\_\_\_\_

Other Phone Number for Emergency Contact: \_\_\_\_\_ Phone Type: \_\_\_\_\_

**2)** Emergency Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Same Address as Employee:

Same Phone as Employee:

### **CONTACT ADDRESS**

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal: \_\_\_\_\_

### **CONTACT PHONE**

Phone (Include area code): \_\_\_\_\_ Phone Type: \_\_\_\_\_

Other Phone Number for Emergency Contact: \_\_\_\_\_ Phone Type: \_\_\_\_\_