EMERSON
Process Management

FISHER

EMPLOYEE EMERGENCY / DISASTER CONTACT FORM

Name:	SSN:	Department/Job Title:	Loc Code:

CONFIDENTIAL

In case of an emergency or other disaster, please provide the following information as it applies to you. This information will be treated with confidentiality and kept in the Human Resources Department. Should any of the below information change, please notify the Human Resources Department.

Please indicate ONE "Primary" contact.

Spouse

	Name:	Place of Employment:	Daytime Phone:
☐			( )

Children

	Name(s):	Daytime Location:	Phone:
☐			( )
☐			( )
☐			( )
☐			( )
☐			( )

Other Contact(s)

	Name(s):	Relationship:	Home Phone:	Work Phone:
☐			( )	( )
☐			( )	( )
☐			( )	( )
☐			( )	( )
☐			( )	( )

Employee's Signature: _____ Date: _____