



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: _____