



CITY OF PETERSBURG EMPLOYEE EMERGENCY CONTACT FORM

EMPLOYEE INFORMATION:

NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____ ZIPCODE: _____

PHONE NUMBERS:

HOME: _____ CELLULAR: _____

Please contact the following in the event of an emergency:

PRIMARY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: WORK _____ CELL _____ HOME _____

SECONDARY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: WORK _____ CELL _____ HOME _____

EMPLOYEE SIGNATURE: _____ DATE: _____

The Emergency Contact Form is maintained in the employee's official personnel file and in the employee's department. Employees are responsible for updating their emergency contact information if there are changes.

Form is used for emergency purposes only