



EMERGENCY CONTACT FORM

All new hires are asked to provide emergency contact information. Please be advised that this information will be kept in your confidential personnel file.

Forward this completed form to the Human Resources Department. (Fax: 202-266-8948; 202-266-8950)

Employee Name		Home Phone Number	
Street Address		Cell Phone Number	
City	State	Zip	

Primary Emergency Contact:

First and Last Name	Relationship
Street Address	Work/Daytime Phone
City and State	Evening Phone

In the event the above person cannot be reached, please contact:

First and Last Name	Relationship
Street Address	Work/Daytime Phone
City and State	Evening Phone

Are there any important medical conditions, allergies, or other special instructions you would like us to know about in the event of an emergency? (If Yes, please describe below.)

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