

CITY OF FLINT - PERSONNEL OFFICE
Emergency Contact Information Form

EMPLOYEE INFORMATION: (PLEASE PRINT CLEARLY)

Name (first, middle initial, last) _____

Department/Division _____ Effective Date _____

***PRIMARY CONTACT: (PLEASE PRINT CLEARLY)**

Relationship to Employee _____
(Mother, Father, Sister, Brother, Daughter, Son, Spouse, Ex-Spouse, Neighbor, Roommate, Friend, Other)

Name (first, middle initial, last) _____

Address _____

City, State, Zip Code _____

(Area Code) Home Phone _____

Cellular _____ Pager _____

****SECONDARY CONTACT : (PLEASE PRINT CLEARLY)**

Relationship to Employee _____
(Mother, Father, Sister, Brother, Daughter, Son, Spouse, Ex-Spouse, Neighbor, Roommate, Friend, Other)

Name (first, middle initial, last) _____

Address _____

City, State, Zip Code _____

(Area Code) Home Phone _____

Cellular _____ Pager _____

PLEASE NOTE:

***Primary Contact will be notified first in case of an emergency.**

****Secondary Contact would be notified only if the **☐**primary contact **☐** is unavailable.**

Signature

Today's Date