

COUNTY OF MONTGOMERY
EMPLOYEE EMERGENCY
INFORMATION UPDATE

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

CURRENT TELEPHONE NUMBER: () _____

EFFECTIVE DATE: _____

WHOM TO CONTACT IN CASE OF EMERGENCY:

1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: DAYTIME () _____ EVENING () _____

2. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: DAYTIME () _____ EVENING () _____

PLEASE RETURN TO HUMAN RESOURCES. IF THIS INFORMATION CHANGES, PLEASE NOTIFY THE HUMAN RESOURCES DEPARTMENT IMMEDIATELY.