

# Employee Emergency Contact

*This information will be maintained by (indicate whom in the unit will hold the information) and will only be accessible within our unit. The information contained n this document will only be used in the event of a medical emergency. While this information is available in PeopleSoft, time may be limited and/or access restricted.*

## Please Print

<b>Employee Name</b>			
<b>Emergency Contact Name</b>			
<b>Address</b>			
<b>City/Town</b>	<b>Territory/Province</b>	<b>Postal Code</b>	<b>Country</b>
<b>Telephone Day ( )</b>		<b>Cell ( )</b>	

Signature

Date

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