

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION/FACILITY/SCHOOL _____

EMERGENCY NOTIFICATION FORM

New Hire: _____ Change/Update: _____

Section/Program: _____ Branch/Unit: _____

Employee's Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Telephone _____ Cell Phone _____
(Area Code) (Number) (Area Code) (Number)

IN CASE OF EMERGENCY NOTIFY: FIRST CHOICE

Name: _____ Relationship: _____
(Last) (First) (Middle)

Home Address: _____
(Number) (Street or Route) (City) (State) (Zip Code)

Business Address: _____
(Name of Company or Business)

(Number) (Street or Route) (City) (State) (Zip Code)

Telephone: Home _____ Business _____ Cell# _____
(Area Code) (Number) (Area Code) (Number) (Area Code) (Number)

IN CASE OF EMERGENCY NOTIFY: SECOND CHOICE (IF UNABLE TO CONTACT FIRST CHOICE)

Name: _____ Relationship: _____
(Last) (First) (Middle)

Home Address: _____
(Number) (Street or Route) (City) (State) (Zip Code)

Business Address: _____
(Name of Business)

(Number) (Street or Route) (City) State) (Zip Code)

Telephone: Home _____ Business _____ Cell# _____
(Area Code) (Number) (Area Code) (Number) (Area Code) (Number)

EMPLOYEE SIGNATURE

DATE

It is the responsibility of the employee to keep this information current.
This information will be retained in the Human Resources office and will remain confidential.