

COLLEGE OF
MARIN

EMPLOYEE EMERGENCY CONTACT INFORMATION

EMPLOYEE NAME: _____

POSITION/DEPT: _____

DATE: _____

PRIMARY CONTACT

NAME:

RELATIONSHIP:

PHONE #1 Cell Home

PHONE #2 Cell Home

ADDRESS:

SECONDARY CONTACT

NAME:

RELATIONSHIP:

PHONE #1 Cell Home

PHONE #2 Cell Home

ADDRESS:

COMMENTS: _____
