



# Frederick Community College

Human Resources

## Emergency Contact Form

Employee ID Number: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

### **Primary Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Same address as employee. If address is different, please provide below:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Same phone number as employee. If phone number is different, please provide below.

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

### **Secondary Contact:** (If you would like to list another contact)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Same address as employee. If address is different, please provide below:

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Same phone number as employee. If phone number is different, please provide below.

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date