

**Department of Health and Senior Services
Office of Human Resources
Employee Information Update**

Please complete all information below, which will be used in case of an emergency, for COOP planning, and for Human Resources.

A copy should be sent to the Office of Human Resources and a copy kept in the unit files. It is the responsibility of each employee to keep his/her supervisor apprised of changes to the following information.

LAST NAME		
FIRST NAME		
UNIT		
HOME ADDRESS (STREET OR P.O. BOX)		
CITY	STATE	ZIP CODE
HOME TELEPHONE () -	CELL PHONE () -	ABLE TO SEND/RECEIVE TEXT MESSAGES? *****YES *****NO
EMERGENCY CONTACT #1		
NAME	RELATION TO EMPLOYEE	
HOME TELEPHONE () -		
WORK TELEPHONE () -	CELL PHONE () -	
EMERGENCY CONTACT #2		
NAME	RELATION TO EMPLOYEE	
HOME TELEPHONE () -		
WORK TELEPHONE () -	CELL PHONE () -	
SIGNATURE		DATE