

# Employee Contact Information Form

## Employee Information

Name: \_\_\_\_\_  
Last First

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

\_\_\_\_\_ City State Zip

\*Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(If different from cell)

\* This number is for use with our emergency notification ("reverse 911") system in the event of a campus emergency. This number will be kept in strict confidence and will not be published unless you give us permission to do so.

## Emergency Contact Information

### Primary Contact

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

Telephone: \_\_\_\_\_ Type (circle one): Cell Home Work

Alternate Telephone: \_\_\_\_\_ Type (circle one): Cell Home Work

### Secondary Contact (Optional)

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

Telephone: \_\_\_\_\_ Type (circle one): Cell Home Work

Alternate Telephone: \_\_\_\_\_ Type (circle one): Cell Home Work

## Online Telephone Directory

Do you wish to have the following personal information appear in the online Telephone Directory? This information is viewable by Hamilton employees only. (circle one)

Home Address: Yes No Cell Phone: Yes No

Home Telephone: Yes No Spouse/Partner name: Yes No \_\_\_\_\_  
Spouse/Partner First & Last Name