

## Employee Emergency Notification Form

In the event of an emergency, I the undersigned employee, authorize Southwestern Community College to notify the following person

### 1<sup>st</sup> Contact

Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

In the event you are unable to notify the person listed above, the College is authorized to notify:

### 2<sup>nd</sup> Contact

Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

I understand and agree that Southwestern Community College will have no obligation to notify such persons, but will use this information in good faith in the event of an emergency. I agree to release the college and its employees or agents from any liability or damages as a result of a notification or attempt to notify or a failure to attempt notification.

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

Printed Employee Name \_\_\_\_\_

*Please complete the above information and return to Human Resources*