

**Eastern Michigan University
Emergency Contact Form
(Please Print Legibly)**

Employee Name: _____

Banner E-ID: _____

Department: _____

Last 4 Digits Only of SS#: XXX-XX-_____

Remove Contact:

Add Contact:

Primary Contact:

2nd Contact:

3rd Contact:

Contact Information

Relationship: _____

First Name: _____

Last Name: _____

Area Code: _____

Phone Number: _____

Phone Extension: _____

Return form to appropriate Human Resources office:

Academic HR – 202 Boone Hall

Staff HR – 140 McKenny Hall