

EASTERN MICHIGAN UNIVERSITY

EMPLOYEE EMERGENCY CONTACT INFORMATION

(Optional)

EID #: _____ Dept: _____ Employee Group: _____

Note: If you are unsure of your EID, please check with your Dept. Secretary.

Name: _____
Last First MI

***** **CONTACT PERSON(S)** *****

Primary Contact Person: _____

Contact Number: (_____) _____ Relationship: _____
Area Code Phone Number

Alternate Contact Person: _____

Contact Number: (_____) _____ Relationship: _____
Area Code Phone Number

Health Alert: _____

Please complete and return to Academic HR
202 Boone Hall