



**Yosemite Community College District**  
**Human Resources**

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Print Employee Name                      Colleague ID #                      Date of Birth

\_\_\_\_\_  
Street Address (No PO Boxes)                      City                      Zip

At:      MJC      CC      YCCD      Department: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Check all that apply:**      Student                      Short-Term                      Adjunct  
                                 Classified                      Faculty                      Mgmt/Admin

**In Case of Emergency, please notify the following:**

1. \_\_\_\_\_  
Name                      Relationship  
  
\_\_\_\_\_  
Daytime Number                      Evening Number                      Cell Number

2. \_\_\_\_\_  
Name                      Relationship  
  
\_\_\_\_\_  
Daytime Number                      Evening Number                      Cell Number

3. \_\_\_\_\_  
Name                      Relationship  
  
\_\_\_\_\_  
Daytime Number                      Evening Number                      Cell Number

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

**Please return your completed form to the Human Resources Office.**  
**This information will be kept in your Personnel File.**