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 ☐ Part-Time Faculty
☐ 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.