

**UC Irvine Libraries
Employee Emergency Contact Information**

Employee Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Primary Person to Contact in Case Of Emergency

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Secondary Person to Contact in Case Of Emergency

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Signature: _____ Date _____