

WILKINSBURG SCHOOL DISTRICT
EMPLOYEE EMERGENCY INFORMATION SHEET

Effective Date of Change: / /20__

EMPLOYEE NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PRIMARY PHONE: () _____

HOME PHONE: () _____

CELLULAR PHONE: () _____

IN CASE OF EMERGENCY:

NAME: _____

PHONE: () _____

RELATIONSHIP: _____

NAME: _____

PHONE: () _____

RELATIONSHIP: _____

HR Department Use Only	
Received Date	
Entered Date	