Emergency Contact Information

OLYMPIC COLLEGE

HUMAN RESOURCE SERVICES

Employee Name (Last, First, MI) Please Print Legibly

[ ]

Employee ID Number (SID)   Social Security Number

[ ]   [ ]

Date of Birth

[ ]

Employee Type

○ Adjunct Faculty   ○ Administrative   ○ Classified Staff   ○ FT Faculty
○ Hourly/Part-time   ○ Student Employee   ○ Volunteer

In case of Emergency Contact (Please print legibly)
Name

[ ]

Relationship

[ ]

Telephone

☐ Cell (   )_____-_____   ☐ Home (   )_____-_____   ☐ Work (   )_____-_____

Emergency Contact - Alternate (Please Print Legibly)

[ ]

Telephone

☐ Cell (   )_____-_____   ☐ Home (   )_____-_____   ☐ Work (   )_____-_____

Employee Signature and Date

[ ]