



Employee Emergency Information Record

The information provided below will be used in case of accident or emergency **only** and should be kept current at all times. If you have a chronic medical problem (i.e. heart condition, epilepsy, asthma, allergy, etc.) that could incapacitate you during working hours, you are encouraged to discuss symptoms and emergency treatment with your supervisor.

| | | | |
|--|------------------------|----------------------|------------------------|
| EMPLOYEE NAME | DIVISION | PRIMARY PHONE | ALTERNATE PHONE |
| HOME ADDRESS | | | |
| <hr/> <div style="display: flex; justify-content: space-between;"> Street City State Zip Code </div> | | | |
| PRIMARY EMERGENCY CONTACT | | | |
| NAME | | RELATIONSHIP | |
| HOME ADDRESS | | | |
| <hr/> <div style="display: flex; justify-content: space-between;"> Street City State Zip Code </div> | | | |
| PRIMARY PHONE | ALTERNATE PHONE | | |
| SECONDARY EMERGENCY CONTACT (IF UNABLE TO REACH PRIMARY CONTACT) | | | |
| NAME | | RELATIONSHIP | |
| HOME ADDRESS | | | |
| <hr/> <div style="display: flex; justify-content: space-between;"> Street City State Zip Code </div> | | | |
| PRIMARY PHONE | ALTERNATE PHONE | | |
| HEALTH CARE PROVIDER CONTACT INFORMATION | | | |
| I have pre-designated a private physician by completing the "Employee's Predesignation of Personal Physician Form," which is on file with the CalPERS Human Resources Office. | | | |
| EMPLOYEE STATEMENT | | | |
| I understand that it is my responsibility to keep the above information accurate and up-to-date, and that this information will be retained in the Human Resources Division in my Official Personnel File. I also understand that the above information will remain confidential, only to be disclosed in the case of a medical emergency. | | | |
| EMPLOYEE SIGNATURE | | DATE | |
| ROUTING: | | | |
| Please deliver form to your Division Personnel Liaison to be forwarded to HRSD. | | | |
| HRMS updated by Personnel Liaison | | Date _____ | |
| Original form routed to HRSD | | Date _____ | |