



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			
Street		City	State Zip Code
PRIMARY EMERGENCY CONTACT			
NAME		RELATIONSHIP	
HOME ADDRESS			
Street		City	State Zip Code
PRIMARY PHONE	ALTERNATE PHONE		
SECONDARY EMERGENCY CONTACT (IF UNABLE TO REACH PRIMARY CONTACT)			
NAME		RELATIONSHIP	
HOME ADDRESS			
Street		City	State Zip Code
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 _____	