ORCUTT UNION SCHOOL DISTRICT

EMERGENCY CONTACT INFORMATION

DATE: _____

Please complete the form and return to Human Resources.

Your Name:	Worksite:
Address:	
City/State/Zip Code:	
Home Phone:	
Cell Phone:	Email Address:
Current Position:	
Permanent [ ]	Substitute [ ]

RELATIVE OR FRIEND TO BE CALLED IN CASE OF AN EMERGENCY:

Name:	
Address:	
City/State/Zip Code:	
Home Phone:	Work Phone:
Cell Phone:	

ALTERNATIVE (OPTIONAL):

Name:	
Address:	
City/State/Zip Code:	
Home Phone:	Work Phone:
Cell Phone:	

NOTE: IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR, PLEASE NOTIFY PAYROLL OR HUMAN RESOURCES