

## EMERGENCY EMPLOYEE DIRECTORY FORM

Name (First, Middle, Last)		Employee Number (P#)	
Work Schedule			
Civil Service Title			
Cell Phone		Home Parish	
Home Phone		Work Parish	
Work Phone		Work Status FT/PT	
Work Email		Home Email	
Physical Address			
City		State	
Zip Code		Mailing Address (if different)	
Work Section		Name of Supervisor	
Emergency Contact Name		Relationship	
Cell Phone		Home Phone	
Work Phone		Email	
<i>Optional</i>			
2 <sup>nd</sup> Emergency Contact Name		Relationship	
Cell Phone		Home Phone	
Work Phone		Email	
<i>Optional</i>			
3 <sup>rd</sup> Emergency Contact Name		Relationship	
Cell Phone		Home Phone	
Work Phone		Email	
Licenses & Certifications			