

**J.F. INGRAM STATE TECHNICAL COLLEGE
EMPLOYEE EMERGENCY CONTACT INFORMATION**



(Disclosure of this information is strictly voluntary, but will be used in order to contact you or your designee in the event of an emergency situation.)

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone(s): _____

Email Address: _____

*Emergency Contact(s):

(Name/Relationship)	(Phone/Cell Number)
(Name/Relationship)	(Phone/Cell Number)
(Name/Relationship)	(Phone/Cell Number)

Date of information: _____

* If you desire the College to assist you with any known medical condition(s) that you are subject to experience while at work, please attach a *separate statement* informing the procedure to follow if the need arises. Please return this information to Mrs. Andrea Richardson, Human Resources Administrative Assistant.