

College of the Siskiyous Emergency Contact Form

EFFECTIVE DATE _____

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (____) _____

Adjunct
Classified
Supervisory/Confidential
Certificated
Temporary

California Government Code 625.3 requires release of home addresses and telephone numbers of state employees to local employee organizations (i.e., CSEA, CTA). Please indicate by checking the appropriate box and signing below your preference about releasing the above information to employee organizations:

- You have my permission to release my home address and telephone number to employee organizations
 You do not have my permission to release my home address and telephone number to employee organizations

EMPLOYEE SIGNATURE

IN CASE OF EMERGENCY

Primary Contact

Secondary Contact

NAME _____

NAME _____

TELEPHONE (Day) _____

TELEPHONE (Day) _____

TELEPHONE (Eve) _____

TELEPHONE (Eve) _____

STREET _____

STREET _____

CITY _____

CITY _____

STATE _____

STATE _____

COUNTRY _____

COUNTRY _____

ZIP _____

ZIP _____

RELATIONSHIP _____

RELATIONSHIP _____

CONTACT INSTRUCTIONS

PHYSICIAN _____

PHYSICIAN PHONE _____

In an emergency, College of the Siskiyous is authorized to contact my physician to obtain such medical or hospital care as is reasonably necessary for my welfare.

EMPLOYEE SIGNATURE