

CONFIDENTIAL
EMPLOYEE EMERGENCY INFORMATION
Clackamas Education Service District

Print full name	Social Security Number
Home Address	Date of Birth
City, State, Zip	Drivers License Number
Telephone Number	Supervisor

IN CASE OF EMERGENCY

Please Contact:

Name	Relationship
Telephone (Day)	Telephone (Evening)
Name	Relationship
Telephone (Day)	Telephone (Evening)

Signed _____ Date _____

WhiteHuman Resources
YellowFiscal
Pink.....Department