

## Employee Emergency Contact Information

**Read this first and please clearly print your information**

Step 1 of this form is mandatory. Completion of Steps 2 through 4 is voluntary and only requested for your assistance in the case of an emergency. This information will be kept confidential by the Central Management Services and your agency's Human Resources liaison. This information will be used only when you are unable to provide the information. It is your responsibility to update your information as needed.

**Step 1: Identify yourself**

Date:

Select your agency:

Name: First:  MI:  Last:

Home Address:

City:  State:  Zip:  Home Phone:

Date of Birth mmddyyyy:

Completing the remainder of this document (steps 2 through 4) is voluntary.  
If you elect not to provide this voluntary information check the box to the right.

**Step 2: Complete your emergency contact information**

We will attempt to contact the first person listed. If we are unsuccessful we will try to contact the second person listed.

First Name:  Last Name:  Relationship:

Home Phone:  Work Phone:  Cell Phone:

**Step 3: Provide your hospital preference and doctor information**

Hospital Name:  City:

Doctor's Name:  Phone:

Additional information regarding your health (diabetes, drug allergies, heart condition, etc.):

**Step 4: Tell us anyone else you would like us to contact**

If you are a carpool member or have a dependent person under someone's care and you would like us to contact someone, complete below.

Contact's Name:  Phone:

Dependent's Name: First:  Last:  Relationship:

**Step 5: Mail this form to** CMS, Bureau of Personnel, HR Division  
Stratton Office Building, Room 414, Springfield, IL 62706

Print Form

Save Form