



**REQUIRED
DOCUMENT**

EMERGENCY CONTACT FORM

EMPLOYEE'S NAME _____

Please provide our office with an emergency contact for situations such illness, accident, etc... Listed below are spaces for a primary and alternate contact. Please provide this information and return it with your employment acceptance letter. Should you have any questions, please feel free to contact Claire Maehr at (678) 533-4419. Thank you.

Primary Contact

Alternate Contact

NAME(S)

NAME(S)

ADDRESS

ADDRESS

PHONE NUMBER

PHONE NUMBER

RELATIONSHIP

RELATIONSHIP

CURRENT PHONE NUMBER AT JOB