

NIAGARA FALLS CITY SCHOOL DISTRICT
OFFICE OF HUMAN RESOURCES

Employee Emergency Contact Form

Employee Name: _____

Work Location/Department: _____

Primary Emergency Contact

Contact Name: _____

Relationship: _____

Home Telephone: _____

Cell Telephone: _____

Work Telephone: _____

Secondary Emergency Contact

Contact Name: _____

Relationship: _____

Home Telephone: _____

Cell Telephone: _____

Work Telephone: _____

Please complete this form and return to the Human Resources Office.

NOTE: The information on this form will only be used in the case of an emergency.