

SAN LORENZO UNIFIED SCHOOL DISTRICT
Personnel Department

EMPLOYEE EMERGENCY INFORMATION SHEET

In case of any type of emergency, it is imperative that we be able to take the necessary action for your protection. Please keep this office updated of any changes.

Your Name

Your Social Security Number

Your Address

Your Birthdate

City

Zip

Your Phone Number

Primary Work Site

Position

Grade

Teacher

Spouse's Name

Home Phone Number/Cell Number

Spouse's Address (if different)

Spouse's Work Number

PERSON(S) TO CONTACT IN CASE OF AN EMERGENCY (OTHER THAN SPOUSE)

1) _____
Name

Phone Number

Address

Relationship

2) _____
Name

Phone Number

Address

Relationship

Personal Physician

Phone Number

Personal Dentist

Phone Number

Your Signature

Date