

# Employee Remote Work Emergency Contact Card

## EMPLOYEE INFORMATION

Full Name

\_\_\_\_\_

Job Title

\_\_\_\_\_

Department

\_\_\_\_\_

Email

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Home Address

\_\_\_\_\_

## EMERGENCY CONTACT

Contact Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Alternate Phone

\_\_\_\_\_

## ADDITIONAL INFORMATION

Medical Concerns

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Other Notes

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