

**HUMAN RESOURCES EMERGENCY  
CONTACT INFORMATION**

STATE OF CONNECTICUT  
**DEPARTMENT OF REHABILITATION SERVICES**  
55 Farmington Avenue, 12<sup>th</sup> Floor, Hartford, CT 06105  
HUMAN RESOURCES

<b>Employee Information</b>			
EMPLOYEE NAME (Last) (First)		EMPLOYEE NUMBER	
ADDRESS (Number and Street) (City) (State) (Zip Code)			
HOME PHONE	CELL PHONE	WORK PHONE	
<b>Primary Contact</b>			
NAME (Last) (First)		RELATIONSHIP	
ADDRESS (Number and Street) (City) (State) (Zip Code)			<input type="checkbox"/> Same address as employee
HOME PHONE	<input type="checkbox"/> Same as employee	CELL PHONE	WORK PHONE
<b>Secondary Contact</b>			
NAME (Last) (First)		RELATIONSHIP	
ADDRESS (Number and Street) (City) (State) (Zip Code)			<input type="checkbox"/> Same address as employee
HOME PHONE	<input type="checkbox"/> Same as employee	CELL PHONE	WORK PHONE
<p><b>***IMPORTANT***</b> Please list any allergies, medical issues, medications, or other information that you would like us to know about...</p>			
<p>This information has been provided voluntarily and is the employee's responsibility to update as necessary. Providing this information would be beneficial to the employee should an emergency situation arise.</p>			
EMPLOYEE SIGNATURE			DATE