

LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM
EMERGENCY CONTACT INFORMATION

EMPLOYEE NAME: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

PHONE #: _____ HOME WORK CELL
INCLUDE AREA CODE

ALTERNATE #: _____ HOME WORK CELL

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

PHONE #: _____ HOME WORK CELL
INCLUDE AREA CODE

ALTERNATE #: _____ HOME WORK CELL

SIGNATURE

EFFECTIVE DATE