

**WESTMORELAND COUNTY EMPLOYEE  
EMERGENCY CONTACT INFORMATION**

**Please print or type all requested information.**

Employee Name:

Department:

**PRIMARY EMERGENCY CONTACT:**

Name:

Relationship to Employee:

Home Phone Number (with area code):

Work Phone Number (with area code/extension):

**SECONDARY EMERGENCY CONTACT:**

Name:

Relationship to Employee:

Home Phone Number (with area code):

Work Phone Number (with area code/extension):

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Human Resources Use Only:

Date Data Entered \_\_\_\_\_