

**Napa Valley College
Office of Human Resources
Emergency Contact Information**

Please provide at least one contact.
This is confidential information and will only be released in case of emergency.

Employee Information

Date: _____

Employee Name: _____ Soc Sec# or Datatel ID#: _____

Emergency Contact(s)

Primary Contact Name:

Primary Contact Phone(s):

Primary Contact Relationship

Spouse/Domestic Partner

Parent

Friend

Sibling

Other _____

Secondary Contact Name:

Secondary Contact Phone(s):

Secondary Contact Relationship

Spouse/Domestic Partner

Parent

Friend

Sibling

Other _____

Additional Contact Name:

Additional Contact Phone(s):

Additional Contact Relationship

Spouse/Domestic Partner

Parent

Friend

Sibling

Other _____