

**Human Resources/Civil Service Department
Employee Emergency Notification Form**

Department	_____	Date	_____
Last Name	_____	First Name	_____
Home phone	_____	Cellular phone	_____

Primary Emergency Contact

Last name	_____	First name	_____
Home phone	_____	Work phone	_____
Street address	_____	City, state, zip	_____
Mobile phone	_____	Pager number	_____

Secondary Emergency Contact

Last name	_____	First name	_____
Home phone	_____	Work phone	_____
Street address	_____	City, state, zip	_____
Mobile phone	_____	Pager number	_____

I authorize Dallas County to notify the aforementioned individuals in the event of an emergency.

_____	_____
Employee Signature	Date