

**EMERGENCY CONTACT
and
CAMPUS DIRECTORY INFORMATION**

Please complete this form so that we have a record of whom to contact should an emergency situation arise. Also, take this opportunity to tell us whether you wish to be included in the University of Florida Campus Directory. Submit completed form to **Recruitment and Staffing, P.O. BOX 115002, Gainesville, FL 32611-5002. If you have questions regarding this process, please call 392-2477, SC 622-42477, TDD 1-800-955-8771.** If your home address should change, you will need to update your W-4 card.

EMPLOYEE INFORMATION

Name: _____ UFID #: _____

Home address: _____

Home telephone: _____

University location: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Address: _____

Work/daytime phone: () _____ ext: _____ Home/evening phone: () _____

In the event the above person cannot be reached, please contact:

Name: _____ Relationship: _____

Home Address: _____

Work/daytime phone: () _____ ext: _____ Home/evening phone: () _____

COMMENTS

Are there any important medical conditions, allergies, or other special instructions you would like us to know about in the event of an emergency? (If yes, use space below)

CAMPUS DIRECTORY

Do you wish to have your home address and telephone number printed in the University of Florida Campus Directory (this includes the online telephone directory)? Yes No

Employee Signature

Date

Work phone number