



Department of Military & Veterans Affairs

Emergency Contact Form

EFFECTIVE DATE: _____

EMPLOYEE IDENTIFICATION #: _____

EMPLOYEE NAME: _____

EMPLOYEE HOME ADDRESS:

CITY: _____ **STATE:** CO **ZIP CODE:** _____

EMPLOYEE PRIMARY CONTACT NUMBER:() _____

EMPLOYEE SECONDARY CONTACT NUMBER:() _____

EMPLOYEE ETHNICITY: _____

TO BE NOTIFIED IN CASE OF EMERGENCY:

PRIMARY EMERGENCY CONTACT NAME(S): _____

RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMERGENCY CONTACT PHONE NUMBER:() _____

EMERGENCY CONTACT ALTERNATE PHONE NUMBER:() _____



Department of Military & Veterans Affairs

SECONDARY EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

EMERGENCY CONTACT PHONE NUMBER: (_____) _____

EMERGENCY CONTACT ALTERNATE PHONE NUMBER:(_____) _____

Employee Signature

Date

Please return to:the State Human Resources office, 2-Story Bldg, 2nd Floor, Suite 260

or mail to:

Military & Veterans Affairs,

State Human Resources Office,

6848 South Revere Parkway, Suite 260,

Centennial, CO 80112