



Department of Military & Veterans Affairs

Employee Information Form

Employee Name: _____

Employee Identification Number: (to be completed by HR): _____

Home Address: _____

City: _____ State: CO Zip Code: _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number (if any): _____

WHOM TO BE NOTIFIED IN EVENT OF EMERGENCY:

Name: _____

Relationship to You: _____

Daytime Phone Number: _____

Cell Number: _____

Address: _____

City: _____ State: _____

RELEASE AND AUTHORIZATION:

Employee Signature: _____

Date: _____

**Please report any changes to address or emergency contact
to HR immediately.**