

**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 \_\_\_\_\_