



Human Resources
Employee Contact Information

SECTION I – EMPLOYEE INFORMATION

Name (Last, First, Middle Initial)	Effective Date
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SECTION II – BASIC INFORMATION

New Change

Home Address	City	State	Zip Code
Home Address (Mailing)	City (Mailing)	State	Zip Code
Phone Number (Home)	Phone Number (Cell)		
Email Address (Home)	Email Address (Alternate)		

SECTION III – EMERGENCY CONTACT(S) INFORMATION

In the event that you are involved in a severe accident or other emergency while at work, who do you want us to contact on your behalf? This information is confidential and will be used in emergency situations only. It will be maintained in your personnel file.

New Change

Emergency Contact (1) --Name	Emergency Contact (1) -- Phone
Emergency Contact (2) -- Name	Emergency Contact (2) -- Phone
Emergency Contact (3) -- Name	Emergency Contact (3) -- Phone

SECTION IV – NOTES/COMMENTS

Empty text area for notes and comments.

SECTION V – REMINDERS & ACKNOWLEDGMENTS

- Employee is responsible for notifying all of the following: Office of Retirement Services (ORS), Health Insurer, Vision insurer, Dental Insurer, and MRIC (403b & 457).
- I affirm that the information provided in this form is true and correct to the best of my knowledge.

SIGNATURE: Employee

Date

SECTION VI – CONTACT/MAILING INFORMATION (SEND COPY OF COMPLETED FORM TO:)

HUMAN RESOURCES 1790 East Packard Hwy. Charlotte, MI 48813	FAX: 866-579-5232 Phone: 517-541-8712 Email: employment@eatonresa.org
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