

Community College System of New Hampshire – Employee Emergency Contact Form

1. Employee Information:

Name: _____
First Middle Last

List any Prior Names: _____

Soc. Sec. Number: XXX - XX - _____ Gender: [] Male [] Female DOB: ____/____/____

Current Home Mailing Address: _____
Street
City State Zip Code

Home Phone: _____ (MA) Cell Phone: _____ (C)

Business/Office Phone: _____ (BU) Work Email Address: _____ (E)

Nashua Community College Department: _____

Status: _____ Staff _____ Full-Time Faculty _____ Adjunct Faculty _____ Other

2. Employee Emergency Contact Information (The contact information provided below will be used to notify YOU about CCSNH or College emergencies or closures through the CCSNH Emergency Alert System. Please be advised that you will be contacted by the Alert System through each email and phone number provided.)

CCSNH Issued Email Address: _____ (P1)

Secondary Email Address: _____ (P2)

Primary Voice Phone Number: _____ - _____ - _____ (P1)

Secondary Voice Phone Number: _____ - _____ - _____ (P2)

Text Messaging Number (Optional): _____ - _____ - _____ (TM)

3. Employee Emergency Contact Person (The emergency contact person provided below will be notified in the event of an emergency involving YOU, the employee.)

Contact Name: _____

Relationship: [] Spouse/Partner [] Son/Daughter [] Mother/Father [] Relative [] Friend [] Other: _____

Primary Email Address: _____

Primary Voice Number: _____ - _____ - _____ (MA or C type in SPAEMRG)

Text Messaging Number (Optional): _____ - _____ - _____

I understand that the information I provide will be collected and secured by the College and CCSNH Human Resources. Access to this information is limited to authorized CCSNH employees only.

Signature _____ Date

- - - - - For Office Use Only - - - - -

ID #: _____ Date Entered/Updated in Banner: _____ Entered by: _____