



New Castle County Employee Emergency Contact Form

Employee Name:		
Employee ID Number:		
Primary Emergency Contact Name:		
Relationship to Employee:		
Home Phone:		
Mobile or Business Phone (check one):		<input type="checkbox"/> Mobile <input type="checkbox"/> Business
Secondary Emergency Contact Name (if desired):		
Relationship to Employee:		
Home Phone:		
Mobile or Business Phone (check one):		<input type="checkbox"/> Mobile <input type="checkbox"/> Business

Employee Signature

Date