

Person(s) to notify in case of emergency:

Add name: _____
Relationship _____
Telephone # _____

Delete name: _____

Physical or other limitations (specify): _____

(For example, if you have been diagnosed as having a disease or condition, we must know how to assure your protection in the event of an emergency. Your job, and your eligibility for promotion, will not be affected by any condition that does not affect ability to perform the essential functions of the job).

Medical coverage (specify): _____

(You might, for example, want to arrange to cover a child who is no longer eligible for dependent coverage, add a spouse who is no longer covered under another plan. Please feel free to contact the personnel department to discuss these options.)

Promotion, Transfer, Wage Change, Etc.: _____
