



# FACILITIES PLANNING AND MANAGEMENT

**WISCONSIN**  
UNIVERSITY OF WISCONSIN-MADISON

## EMERGENCY CONTACT INFORMATION

**PLEASE PRINT CLEARLY**

<b>EMPLOYEE:</b> _____	<b>EMPL ID:</b> _____
<b>BIRTH DATE:</b> _____	<b>GENDER:</b> _____ (M/F)
	<b>FP&amp;M DEPT:</b> _____

**PLEASE LIST INFORMATION FOR TWO PERSONS WE MAY CONTACT IN THE EVENT OF AN EMERGENCY**

<b>1) NAME:</b> _____	<b>RELATIONSHIP:</b> _____ (Spouse, Parent, Friend, etc.)
<b>ADDRESS:</b> _____ (Street) (City) (State) (ZIP)	
<b>CELL #:</b> _____ (Area Code)	<b>HOME #:</b> _____ (Area Code)
	<b>WORK #:</b> _____ (Area Code)

<b>2) NAME:</b> _____	<b>RELATIONSHIP:</b> _____ (Spouse, Parent, Friend, etc.)
<b>ADDRESS:</b> _____ (Street) (City) (State) (ZIP)	
<b>CELL #:</b> _____ (Area Code)	<b>HOME #:</b> _____ (Area Code)
	<b>WORK #:</b> _____ (Area Code)

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

**Please return completed form to the FP&M Payroll Office at 30 N. Mills Street, Suite 362. Thank you.**