Emergency Contact form

Please fill out information below and return.

Emergency Contact:_____

Phone (primary):_____

Phone (secondary):_____

Relationship to Emergency Contact:_____

By signing below, I acknowledge that it is my responsibility to inform both my supervisor (first) and Cybertech (second) in the event I am unable to report to work as scheduled. I also understand that both my supervisor and Cybertech may call my emergency contact in the event I do not report to work as scheduled.

Employee Signature & Date:_____