

EMPLOYEE EMERGENCY NOTIFICATION FORM

In the event of an emergency, I the undersigned employee, authorise TEMP FILL-INS to notify the following person:

Name:	
Phone Number:	
Address:	
Relationship to Employee:	
In the event you are unable to notify such person, TEMP FILL-INS authorised to notify:	
Name:	
Phone Number:	
Address:	
Relationship to Employee:	

I understand and agree that TEMP FILL-INS will have no obligation or liability to notify such persons.

Date: _____

Employee Signature

Printed Employee Name