

EMPLOYEE EMERGENCY CONTACT FORM

Name: _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

I have voluntarily provided the above contact information and authorize Clough USA Inc. and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature: _____

Date: _____

Once printed this document becomes uncontrolled. Refer to Clough USA Management System for a controlled copy.