

Employee Information

Name _____ (LAST) _____ (FIRST) _____ (MI) Work Phone _____

Street Address _____ Home Phone _____

(CITY) _____ (STATE) _____ (ZIP) Cell Phone _____

Branch/Division _____ Work Location _____

Employment Status _____

Supervisor's Name _____

In case of an emergency, please contact:

1st Choice _____ Relationship (Optional) _____
(NAME)

1st Number _____ 2nd Number _____ 3rd Number _____

2nd Choice _____ Relationship (Optional) _____
(NAME)

1st Number _____ 2nd Number _____ 3rd Number _____

In case of a medical emergency, please contact:

Note: This information will only be used if you (as the employee) are unable to contact your Physician or Medical Facility.

Physician's Name _____ Phone _____

Street Address _____
(Street) _____ (CITY) _____ (STATE) _____ (ZIP)

Medical Facility _____ Phone _____

(Street) _____ (CITY) _____ (STATE) _____ (ZIP)

I authorize CalSTRS to contact the aforementioned individuals in case of an emergency

EMPLOYEE SIGNATURE _____ DATE _____

Voluntary medical information

In case of a medical emergency, is there any medical information that may be necessary to be released for your safety?

Yes No If yes, please specify special instructions here (e.g. allergies to medication):

I decline to provide medical information I authorize CalSTRS to release medical information in case of an emergency

EMPLOYEE SIGNATURE _____ DATE _____