

EE04 INFORMATION / EMERGENCY CONTACT

Employee ID# _____

Employee Name _____

Date _____

PLEASE COMPLETE THE FOLLOWING EEO4 INFORMATION

<p>EEO4 Information</p> <p>DO NOT USE FOR INTERDEPARTMENT TRANSFERS</p>	<p>_____ Male _____ Female</p> <p>Date Of Birth _____</p> <p style="text-align: center;"><u>Race/Ethnic Identification</u></p> <p>_____ American Indian/Alaskan Native</p> <p>_____ Asian _____ Hispanic/Latino</p> <p>_____ Black/African American _____ 2 or more races</p> <p>_____ Hawaiian/Pacific Islander _____ White</p> <p style="text-align: center;">_____ Decline to State</p>
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EMERGENCY CONTACT INFORMATION

Please contact the following person in the event of an emergency:

Name: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Number: _____ Relationship: _____