



In accordance with Action Traffic Maintenance policy, we are required to maintain current emergency contact information for each employee. You will be required to update information annually, even if no changes occurred.

Please provide at least **TWO** people to be your emergency contacts.

EMPLOYEE NAME: _____

FIRST EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP TO EMPLOYEE: _____

PHONE NUMBER: (____) _____

ALTERNATE PHONE NUMBER: (____) _____

SECOND EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP TO EMPLOYEE: _____

PHONE NUMBER: (____) _____

ALTERNATE PHONE NUMBER: (____) _____