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Acting Superintendent of Education

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KATHERINE M.P. ADA
Personnel Services Administrator

EMERGENCY CONTACT

Name of Employee _____

EIN# _____

In case of emergency, please contact the following:

1) _____
Name (Please print) Relationship

Home Address

Mailing Address

Home Phone: _____ Work Phone: _____

Other Contact Number: _____

2) _____
Name (Please print) Relationship

Home Address

Mailing Address

Home Phone: _____ Work Phone: _____

Other Contact Number: _____

Signature of Employee

Date