



Department of Human Resources Emergency Contact Information

New Change Other _____

Employee Information

| | |
|-------------------|--------|
| Name: | |
| Telephone: () | Emp #: |

Emergency Contacts Information

| | | |
|--------------------------|--------------------------|--------------------------|
| Contact 1 | Name: | Relationship: |
| Address: | | |
| City: | State: | Zip Code: |
| Telephone: () | Telephone: () | |
| Contact 2 | Name: | Relationship |
| Address: | | |
| City: | State: | Zip Code: |
| Telephone: () | Telephone: () | |
| Doctor | Name: | Telephone: () |

Designation of Final Paycheck (in accordance with Government Code §53245*)

| | | |
|---|--|--|
| In the even of my death, please release my final paycheck to: | | |
| <input type="checkbox"/> Emergency Contact 1 Above | <input type="checkbox"/> Emergency Contact 2 Above | <input type="checkbox"/> Contact Below |
| Name: | Relationship: | |
| Address: | | |
| City: | State: | Zip Code: |
| Telephone: () | Telephone: () | |

*Government Code §53245 ...The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee.

Employee Signature

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|