

**WESTERN AREA POWER ADMINISTRATION
EMERGENCY CONTACT INFORMATION**

(Changes to bond information should be requested through the Employee Self Service (ESS). If making a change of address, please change address in ESS along with completing this form.) Send or bring this form to the HR Advisor in your region.

NAME: _____

ADDRESS: _____

PHONE #: _____

PLEASE CHECK ONE: Same Address New Address

EMERGENCY CONTACT INFORMATION

This information is kept in the HR office and used for emergency purposes only.

In case of emergency, please notify:

First Person:	Second Person:
Name: _____	Name: _____
Residence Phone #: _____	Residence Phone #: _____
Work Phone #: _____	Work Phone #: _____
Cell Phone #: _____	Cell Phone #: _____

May information be given to: **Supervisor** Yes No / **Co-worker** Yes No

Employee Signature _____ **Date** _____

PRIVACY ACT STATEMENT

The information you furnish will be maintained in a secure area in the Human Resources office and will only be used in case of an emergency occurring during your scheduled tour of duty. The information you furnish is important and should be updated anytime you need to change person(s) and/or numbers for notification in case of an emergency.

Executive order 9397 (Nov. 22, 1943), authorizes use of the Social Security Number to distinguish between you and people with similar names. Furnishing your SSN, along with the other data, is voluntary, but failure to do so may result in not being able to notify person(s) of your choosing in an emergency situation.