

**EMPLOYEE HANDBOOK EVIDENCE OF RECEIPT AND
EMERGENCY CONTACT FORM**

*By signing this form, I acknowledge receipt and review of the Annual SMUSD
[Employee Handbook and Injury and Illness Prevention Program \(IIPP\) Information](#). The Handbook and
IIPP are available to me on the [San Marcos Unified School District website](#).*

SIGNATURE

DATE

In order to maintain the District's personnel records, please review the following information:

MY CURRENT INFORMATION:		
First Name:	Last Name:	
Address:		
City:	State:	Zip:
Primary Phone Number:	Secondary Phone Number:	
Location/Department:		
PRIMARY EMERGENCY CONTACT - IN CASE OF EMERGENCY NOTIFY:		
Name:	Phone Number:	Relationship:
SECONDARY EMERGENCY CONTACT (Optional):		
Name:	Phone Number:	Relationship:

The information above is correct _____ (if correct, please skip the section below)

Please only enter fields requiring updates below, no need to enter unchanged information.

MY CURRENT INFORMATION:		
First Name:	Last Name:	
Address:		
City:	State:	Zip:
Primary Phone Number:	Secondary Phone Number:	
PRIMARY EMERGENCY CONTACT - IN CASE OF EMERGENCY NOTIFY:		
Name:	Phone Number:	Relationship:
SECONDARY EMERGENCY CONTACT (Optional):		
Name:	Phone Number:	Relationship:

In the future, if there are any changes to the above information, please complete a [Change in Personnel/Payroll Records Form](#), and send it to the Human Resources Department. Thank you for your cooperation.