

## EMPLOYEE HANDBOOK EVIDENCE OF RECEIPT AND

## **EMERGENCY CONTACT FORM**

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

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:			
Phone Num		:	Relationship:
SECONDARY EMERGENCY CONTACT (Optional):			
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:			
		Last Name:	
Address:			
City:		State:	Zip:
Primary Phone Number:		Secondary Phone Number:	
PRIMARY EMERGENCY CONTACT - IN CASE OF EMERGENCY NOTIFY:			
Phone Numbe		er:	Relationship:
SECONDARY EMERGENCY CONTACT (Optional):			
Phone Number:		er:	Relationship:
	Phone Nu CT (Option Phone Nu ng updates I IN CASE ( Phone Nu CT (Option	IN CASE OF EI Phone Number CT (Optional): Phone Number (i ng updates below Last Sec IN CASE OF EI Phone Numbe CT (Optional):	State: Secondary Phone IN CASE OF EMERGENCY N Phone Number: CT (Optional): Phone Number: (if correct, please ing updates below, no need to ent Last Name: Last Name: State: Secondary Phone Number: CT (Optional):

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