



(ORIGINAL TO BE PLACED IN OFFICIAL PERSONNEL FILE)

We are requesting emergency contact information from you which may assist us in contacting someone on your behalf in cases of emergency. Your decision to provide this information to us is voluntary.

### Employee Name

**In case of emergency, I authorize the State of TN Department of Children's Services to contact the following person(s):**

**Name:**

**Address:**

**City/State/Zip:**

**Relationship:**

**Home Phone:**

**Work Phone:**

**Cell/Other:**

**Name:**

**Address:**

**City/State/Zip:**

**Relationship:**

**Home Phone:**

**Work Phone:**

**Cell/Other:**

**Name:**

**Address:**

**City/State/Zip:**

**Relationship:**

**Home Phone:**

**Work Phone:**

**Cell/Other:**

**Employee's Signature**

**Date**



*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

Distribution: *Employee File*

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