



**SC DEPARTMENT OF PUBLIC SAFETY
OFFICE OF HUMAN RESOURCES
EMERGENCY NOTIFICATION FORM**

EMPLOYEE NAME _____

DEPARTMENT _____

SOCIAL SECURITY NUMBER _____

EMPLOYEE ADDRESS _____

HOME PHONE NUMBER _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME _____

DAYTIME PHONE NUMBER _____

EVENING PHONE NUMBER _____

ADDRESS _____

RELATION _____