|  |  |  |
| --- | --- | --- |
| **[company name]****Employee Name** *(please print)*: |   | **Date**: |
|  |  |  |
| As the COVID-19 pandemic continues, it is important to prepare and make a plan if you or someone in your family contracts the Coronavirus. As part of the planning process, we would like to confirm your contact information. Please complete the information below: |
|  |  |  |
| Home Street Address: |  | Apartment: |
|  |  |  |
| City, State, Zip: |  |
|  |  |  |
| Phone Numbers*(w/ area codes)*: | Home: | Cell: |
|  |  |  |
| E-mail Address: |  |
|  |  |  |
| Emergency Contact Name: |  | Relationship: |
|  |  |  |
| Emergency Contact Phone Number: | Home: | Cell: |
|  |  |  |
| If you or a member of your family | If yes, please describe: |
| contracts COVID-19, will you change your  |  |
| living arrangements or contact info?: |  |
|  |  |  |
|  |  |  |

[company name] Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (*Initials*)

Management comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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