



South Carolina Department of Public Safety  
Office of Human Resources  
Emergency Notification Form

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**In case of emergency, please notify:**

Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relation: \_\_\_\_\_