

SIERRA COUNTY EMERGENCY CONTACT FORM



Please complete the information below to be kept in your personnel file.

This is who will be contacted by Personnel in case of an emergency.

1ST CONTACT

2ND CONTACT

3RD CONTACT

NAME:
PHONE:
RELATION:

NAME:
PHONE:
RELATION:

NAME:
PHONE:
RELATION:

Employee Name _____

Employee ID # _____

Pursuant to Government Code section 12999, as amended by Senate Bill 1162, California employers of 100 or more employees must report pay and hours-worked data by establishment, job category, sex, race, and ethnicity to the Civil Rights Department annually. This information is used for that purpose only.

Decline to answer __

Asian __

Black __

Hispanic __

American Indian/Alaska Native __

Native Hawaiian/Pacific Islander __

Two or more races __

White __