

**Town of Manchester, Connecticut  
Human Resources Department**

**Emergency Contact Information Update**

Name \_\_\_\_\_

Your Position \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Date of Hire \_\_\_\_\_

Department \_\_\_\_\_

Person to Contact In Case of Emergency \_\_\_\_\_

Emergency Telephone Number \_\_\_\_\_

Person to Contact In Case of Emergency \_\_\_\_\_

Emergency Telephone Number \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_