

DATA SUMMARY SHEET

I understand that any changes in the following information must be reported to my facility/unit immediately.

Name: _____ SS# _____ Hire Date: _____

Home Address: _____ City, State, ZIP _____

Home Telephone (_____) _____ Email Address _____

Date of Birth: _____ Gender: Male Female

Race (check one): Caucasian Black Asian Hispanic American Indian Other _____

EMERGENCY NOTIFICATION INFORMATION: List, in order of preference, persons to be notified in case of emergency (workplace serious injury or death). You must *notify your facility/unit any time this information needs to be updated.*

1. _____	_____	_____
Name	Relationship	Address
_____	(_____) _____	(_____) _____
City and State	Primary Phone Number	Secondary Phone Number

2. _____	_____	_____
Name	Relationship	Address
_____	(_____) _____	(_____) _____
City and State	Primary Phone Number	Secondary Phone Number

3. _____	_____	_____
Name	Relationship	Address
_____	(_____) _____	(_____) _____
City and State	Primary Phone Number	Secondary Phone Number

The agency will make emergency notifications when necessary; however, if you prefer such notification to be made by a specific person from either within or outside the agency, please list:

_____	_____	(_____) _____
Name	Address, City, State	Phone Number

FINAL PAYCHECK BENEFICIARY (OPTIONAL): Please indicate the name, social security number, address, and telephone number of the person you are designating as the beneficiary for any final wages owed:

_____	_____	_____
Name	Relationship	Full Social Security Number
_____	_____	(_____) _____
Address	City, State, Zip Code	Telephone Number

Employee Signature _____ Date _____