BMCC
Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Dear New Employee

Welcome to BMCC. Attached are a variety of documents concerning your appointment to the college that you need to be aware of or must complete. Please read these materials carefully and provide all of the requested information as quickly as possible.

The offer of this employment is conditional upon satisfactory completion of all verifications, including but not limited to confirmation employment and background checks.

We hope you will enjoy your experience at the college. Best wishes for a productive and successful career at BMCC.

Sincerely,

Human Resources

/New Employee

Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Full Time Classified Managerial Staff Packet Checklist

When you accept an offer of employment with the Borough of Manhattan Community College, you must present ORIGINAL documents as outlined below.

- Completed New Hire Packet

- Proof of Identity and Employment Eligibility

  8QGHU IHGHUDO ODZ \RX DUH UHTXLUHG WR FRPSOHWH DQG VLJQ WKH SUHVHQFH RI D GHVLJQDWHG UHSUHVHQWDWLYH LQ WKH +XPD &ROOHJH $VVLVWDQW (PSOR\PHQW 3DFNHW DQG VXEPLW WKH UHTX 5HVRXUFHV ZLWKLQ WKUHH GD\V RI UHFHLYLQJ \RXU DSSRLQWP EHLQJ KLUHG \RX PXVW VXEPLW WKH GRFXPHQWV LPPHGLDWHO\ PXVW VWRS ZRUN LPPHGLDWHO\ XQWLO \RX FRPSO\

- 6RFLDO 6HFXULW\ &DUG (for Payroll Purposes)

- 1<&(56 7LHU $SSOLFDWLRQ)RUP

If applicable, complete and return:

- % 0 & Computer System Accounts
- Park-N-Ride Plan
- Direct Deposit of Net Pay Enrollment
- TRANSITBENEFIT Plan

Please take time to familiarize yourself with the following:

- Appointment Processing and Fees (located in the New Hire Packet)
- Acceptable Use of Computers (located on the HR Policies page)

The timing of your initial paycheck will be based on the processing and our receipt of the above documents. If you have any questions about your appointment or payroll process, please call us at 212-220-8300.

By signing below, I acknowledge that I have received, and familiarized myself with the above policies by viewing them through the links provided to the BMCC website, and agree to abide by their requirements.

Print Name _____ Date _____

Signature _____

Please review the following important Policies and Procedures by opening the links provided.

- x CUNY Sexual Misconduct Policy
- x Notice of Non-Discrimination
- x CUNY Policies and Procedures on Non-Discrimination
- x Reasonable Accommodation Policy
- x Office of Compliance and Diversity Informational Packet
- x CUNY Lactation Room Policy
- x Annual Security Report
- x CUNY Policy on Drug and Alcohol
- x Acceptable use of computer resources
- x Children on Campus
- x Time Off for Religious Observance
- x Time Off for Breast and Prostate Cancer Screenings and Donating Blood
- x Students Bill of Rights

Additional Policies and Procedures are available on the BMCC/HR and Office of Diversity websites for your examination.

The college is committed to ensuring a discriminatory free environment, where all persons are treated fairly a with respect regardless of his/her protected status. The Office of Compliance & Diversity is dedicated to promoting an open and inclusive environment, addressing complaints as they arise, creating programs which promote diversity and awareness, and ensuring that the college complies with all applicable policies and laws

Odelia Levy, Esq. is the college's Chief Diversity Officer. She also serves as the Coordinator for Title 504. Yo may reach Ms. Levy at olevy@bmcc.cuny.edu or (212) 220-1236.

Theresa B. Wade, Esq. is the college's Deputy Director of Diversity & Title IX Compliance and can be reached at twade@bmcc.cuny.edu or (212) 220-1273.

To file a complaint of unlawful discrimination or harassment, including sexual harassment, please contact Ms Levy or Ms. Wade.

By signing below, I acknowledge that I have received, accessed, and familiarized myself with the above policies and reviewed the additional policies available on the BMCC website before commencing employment and agree to abide by their requirements.

_____ _____

Signature Date

_____

Print Name

Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

To: Supervisors, Office Heads, and Applicants to the Classified Staff

From: Human Resources

Date: March 13, 2020

Subject: Appointment Processing and Fees

For all applicants to the position of Full Time Classified Managerial Staff, the following requirements must be completed prior to the first day of employment.

- Fingerprinting Fee of $88.5 will be required from all applicants who are Classified Staff (please see the Procedures for Candidates Fingerprinting Using L-1 Identity Solutions Letter).

- Applicants may need to pay a CUNY Application Processing Fee. Your HR Representative will advise you on the amount due. The processing fee, is payable by cash or a money order made out to BMCC. You must bring the processing fee and the HR form to the Bursars Office (S330). After paying the processing fee, you must return the receipt signed by the Bursars Officer to HR to place in your Personnel file.

- All applicants MUST be verified for Compliance with the Immigration Reform and Control Act (IRCA) within three days of your appointment for both identity and the required employability certification. See the Reverse side of this Memorandum of IRCA documentation.

- Applicants MUST provide an original social security card, needed for payroll purposes.

Thank you.

Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

To: Bursar's Office

From: Human Resources

Subject: CUNY Application Processing Fee payable by Cash or Money Order

Date: _____

Name: _____ Last 4 of SS#_____

Title: _____

Fee: _____

The Bursar's Receipt must be brought to HR to provide proof of payment.

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
)RUP ,
20% 1R
([SLUHV

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine RU H[DPLQH FRQVLVWHQW ZLWK DQ DOWH DXWKRUL]HG E\ WKH documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

	List A
Document Title 2 (if any)	
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	
Document Title 3 (if any)	
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	

Additional Information

☐ &KHFN KHUH LI \RX XVHG DQ DOWHUQDWLYH SURFHGXUH DXWK

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	6LJQDWXUH RI (PSOR\HU RU $XWKRUL]HG 5HSUHVHQWDWLYH	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Supplement A,
Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 0 /31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm/dd/yyyy)
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm/dd/yyyy)
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm/dd/yyyy)
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm/dd/yyyy)
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see Section and Section 1 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

” Receipt for a replacement of a lost, stolen, or damaged List A document. ” Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. ” Form I-94 with “RE” notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on I-9 Central for more information.

Office of Human Resource Management
HR Advisory Services
205 East 42nd Street, 10th floor
New York, N.Y. 10017
646-664-3311 Fax 646-664-3836
Classified.CentEx@cuny.edu

3URFHGXUHV IRU &DQGLGDWHV)LQJHUSULQWLQJ
0RUSKRWUXVW 86$ (QUROOPHQW 6HUYLFHV

$V SDUW RI WKH EDFNJURXQG FKHFN SURFHVV LV IR
8QLYHUVLW\ ZLWK ILQJHUSULQWV 7R GR VR SOHDVH IROO

<RX DUH UHTXLUHG WR SUH HQUROO DQG JHW ILQJHUSULQW ORFDWLRQ

D &DOOLQJ WR VSHDN ZLWK D &XVWRPHU 6HU
WKH\ FDQ FDSWXUH GHPRJUDSKLF Credit card payments ($8 ô X ñ ì) must be made onsite at the time of the fingerprinting session.

RU

E 9LVLW 0RUSKR7UXVW ZZZ 86$ HQUROOPHQW 6HUYLFH VXEPLW \RXU GHPRJUDSKLF All credit card payments must be made onsite at the time of the fingerprinting session. ($8 ô X ñ ì)

$W WKH WLPH RI UHJLVWUDWLRQ \RX ZLOO QHHG WR SURY

&81< 6HUYLFH &RGH - <

1DPH RI &ROOHJH \RX DUH DSSO\LQJ WR %0&&
&ROOHJH ,' &RGH \RX DUH DSSO\LQJ WR

$W WKH ILQJHUSULQW ORFDWLRQ \RX ZLOO EH UHTXLUHG WR
3OHDVH photo ID is required EHIRUH DQ\ DSSOLFDQW LV DFFHS
IRUPV RI ' DUH HLWKHU VWDWH LVVXHG GULYHU¶V /LFHQVH 6
$OLHQ 5HJLVWUDWLRQ &DUG 8QH[SLUHG)RUHLJQ 3DVVSR
(PSOR\PHQW $XWKRUL]DWLRQ &DUG ZLWK SKRWR ,VVXHG 6W
*RY¶W $JHQF\ ZLWK D 6RFLDO 6HFXULW\ &DUG 0LO
'UDIW 5HFRUG 0LOLWDU\ 'HSHQGHQW ,' &DUG 1D
7ULEDO 'RFXPHQW &DQDGLDQ GULYHU¶V OLFHQVH 8QH[SLU
RU XQH[SLUHG $OLHQ 5HJLVWUDWLRQ 5HFHLSW &DUG 3RUW
LVVXHV E\ )HGHUDO 6WDWH RU /RFDO *RY¶W $JHQF\ &HU
&HUWLILFDWH RI %LUWK $EURDG 86 &LWL]HQ ,'

2QFH \RX KDYH EHHQ ILQJHUSULQWHG WKH ILQJHUSULQWV D
UHFRUGV HOHFWURQLFDOO\ WR WKH 6HUYLFH 7KH &HUWLILHG
DOVR LVVXHV D UHFHLSW IRU WKH ILQJHUSULQWLQJ VHUYLFH
6HUYLFHV SURFHVVHV WKH EDFNJURXQG FKHFN IRU WKH V
FKHFN LV FRPSOHWHG WKH UHVXOWV DUH UHWXUQHG GL

5HY

3 D \ P H Q W I R U I L Q J H U S U L Q W L Q J R U H Q W H U W K H U W L Q J H U S U L Q W L Q J
0 R U S K R 7 U X V W 8 6 $ D F F H S W V R U G H U V R E X V L E Q H G L W K P R R Q H \ H F
D Q G H V F U R Z D F F R X Q W W U D Q V D F W L R Q V

Final Note: Fees for fingerprint services vary depending on the type of background check required. The fees assessed by MorphoTrust USA include the fingerprint rolling charges and any fingerprint processing charges levied by the Department of State. MorphoTrust USA collects the fee for each applicant and makes the appropriate payments to the Division of Criminal Justice Services on behalf of the applicants.

$ S S R L Q W P H Q W V D U H U H Q T X L U H G H D W W K H R E S H R D W L W P H Q
U H J L V W U D W L R Q S D J H W Q H Q W H W L X P S H D I R U S S R L Q L Q J H U S U

call toll-free 877-472-6915

Location listing is accurate as of Friday, February 07, 2014 locations are subject to change without notice.

NEW YORK METRO

Bronx - E 149Th St	Bronx, NY. (349 E 149th St, Ste 605) [Map (opens new browser)]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 6:00; E/O Sat 10:00 - 2:00
Bronx - E 149th St - 2nd System	Bronx, NY. (349 E 149th St, Ste 605) [Map (opens new browser)]	Mon - Thu 9:00 - 2:00 & 2:30 - 4:00
Bronx - Third Ave - 2nd System	Bronx , NY. (2804a Third Ave) [Map (opens new browser)]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 7:00; Sat 9:00 - 2:00
Bronx - Third Ave - Between 147th & 148th St	Bronx, NY. (2804a Third Ave) [Map (opens new browser)]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 7:00; Sat 9:00 - 2:00
Brooklyn	Brooklyn, NY. (2174 Fulton St) [Map (opens new browser)]	Mon - Thu 9:00 - 5:00; Fri 9:00 - 7:00; E/O Sat 9:00 - 3:00
Brooklyn - Flatbush	Brooklyn, NY. (1772 Flatbush Ave - Between Ave's J & K) [Map (opens new browser)]	Mon - Fri 9:00 - 12:00 & 12:30 - 9:00; Sat 10:00 - 12:00 & 12:30 - 6:00
Brooklyn - Flatbush - 2nd System	Brooklyn, NY. (1772 Flatbush Ave Between Ave's J & K) [Map (opens new browser)]	Mon - Fri 10:00 - 3:30 & 4:00 - 7:00
Glendale	Glendale, NY. (79-63 Myrtle Ave) [Map (opens new browser)]	Mon, Tue, Thu & Fri: 9:00 - 12:00 & 1:00 - 5:00; Wed 9:00 - 12:00 & 1:00 - 7:00; Sat 10:00 - 2:00
New York - Broadway	New York, NY. (1412 Broadway, 17th Fl) [Map (opens new browser)]	Mon - Fri 9:25 - 1:00 & 2:00 - 4:45
New York - W 35th St	New York, NY. (247 W 35th St, Ste 201) [Map (opens new browser)]	Mon - Fri 9:00 - 1:30 & 2:30 - 5:20; Sat 10:00 - 4:00
New York - W 35th St - 2nd System	New York, NY. (247 W 35th St, Ste 201) [Map (opens new browser)]	
New York - W 35th St - 3rd System	New York, NY. (247 W 35th St, Ste 201) [Map (opens	
New York - W 35th St - Commercial Apps Only		

New York - William St - 2nd System	New York, NY. (130 William St, Ste 900) [Map (opens new browser)]	Mon & Thu 9:00 - 6:00; Tue & Fri 9:00 - 5:00; Wed 9:00 - 7:00; 3rd Sat 9:00 - 1:00
New York - William St - Across from Dept of State	New York, NY. (130 William St, Ste 900) [Map (opens new browser)]	Mon & Thu 9:00 - 6:00; Tue & Fri 9:00 - 5:00; Wed 9:00 - 7:00; 3rd Sat 9:00 - 1:00
New York - William St - Commercial Apps Only	New York, NY. (130 William St, Ste 900, Ninth Flr) [Map (opens new browser)]	Mon - Fri 9:00 - 5:00
Queens - Jamaica	Jamaica, NY. (9024 161st St) [Map (opens new browser)]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Queens - Jamaica - 2nd System	Jamaica, NY. (9024 161st St) [Map (opens new browser)]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Staten Island	Staten Island, NY. (159 New Dorp Plz, Ste 201) [Map (opens new browser)]	Mon & Wed 11:00 - 5:00; Tue & Thu 9:00 - 3:00; Fri 9:00 - 3:00; E/O Sat 10:00 - 3:00
Yonkers	Yonkers , NY. (5 Seminary Ave, Ste 4) [Map (opens new browser)]	Mon, Tue, Wed & Fri 10:00 - 2:30 & 3:30 - 5:00; Thu 10:00 - 2:30 & 3:30 - 7:00; Sat 10:00 - 2:00

Borough of Manhattan Community College
Office of Human Resources Personnel
Information Form

Name (print) _____ Social Security Number _____ Date of Birth _____

Title _____ Department _____ Date of Appointment _____

Select one of the following Male Female Transgender Gender Nonconforming Non-Binary
A gender not listed X Not Specified (removing gender information)

Ethnicity:

African American Alaskan Native American Indian Asian
Black Hispanic Italian American
Pacific Islander Puerto Rican White Other _____

U.S. Citizen: Yes No If you are not a U.S. Citizen,

Of what country are you a citizen? _____

What type of VISA are you holding: _____ Expiration Date: _____

Are you a Veteran? Yes No If you are a veteran, please specify:

Active Reserve Disabled Disabled Vietnam Era
Inactive Reserve Retired Vietnam Era

Home Address: (print) _____

_____

Telephone Number: _____ E-Mail Address _____

Emergency Contact _____ Relationship: _____

Address: _____

Telephone Number: _____ Alternate Phone Number: _____

Education: Degree Major Date Earned Institution

_____

_____

_____

To be completed by the Office of Human Resources

I-9 Date: _____ Work Authorization Expiration Date: _____ Staff Initial _____ Date: _____

Borough of Manhattan Community College 199 Chambers Street
The City University of New York New York, NY
10007á1097www.bmcc.cuny.edu tel 212á220-8300
fax 212á220.2364

Primary:

Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Secondary:

Name of Emergency Contact _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

_____

Name(Print) Department

\ _____ _____

Signature Date

!"#$%# %&'$()*)*+)*'$!, '!) - +.'$!..'*$)"#$)

/*0123456701896:; (81:620<=2>:;8 $89 ?2@A7:8 &6B65@B61C

!" #$%$&()$*+$,-* *$.),%$/#,/ "01))23((4%//#$ 54-2/1/3/14-46/#$ 7-1/$* 8/,/$2

,-* /#$ 54-2/1/3/14-46/#$ 8/,/$ 469$0 :4%;,-* /#,/ "01))6,1/#63))*12.#,%+$#$

*3/1$246/#$ <421/144-6_____ ,..4%*1-+/4 /#$ &$2/

46=' ,&1)1/'>

$738D_____

(6E07:F@8D_____

!GG@8HHD_____

_____

_____

%7:8D_____

!"#$%&!'$()&*#+,&!'$-.$)#/$'-+0$
%-)*&%!&-)$)-!&%#$1)2$3&%#),#$

(456$7445869:;69<$9=8>$?5@:$A8BB$C;$D>;E95F;@8?G$G5D@$HB78:>I$H56F8H9856>$A8BB$C;$F;@8?8;E
28F8>856$5?$%@8:867B$KD>98H;$,;@F8H;>L$

M3#1,#$1),/#+$133$N(#,!&-), O$

,5H87B$,;HD@89G$)D:C;@O$!5E7GP>$279;O$

37>9$)7:;$ .8@>9$)7:;$ Q8EEB;$&68987B$

!"#$%#&'"%(&)#"*+&$,-&*(.#/&,$0#&-*1&0$-&)#&)2,&3(.'%&',4"15#%&0$'5#,&,$0#6&

37>9$)7:;$ .8@>9$)7:;$ Q8EEB;$&68987B$

,9@;9$1EE@;>>$ 149$)5L$

%89G$5@$!5A6$

,979;$ R84$ S

38H;6>;$5@$M@5?;>>8567B$+;T8>9@79856O$
U78&/#91'/#5&8*/&:*%'('*,&*/&$%&%($(#5&',&(.#&;4,4-&$0&$,&*1/&#0#,(=&%14.&$7%&/>%&'"4#,%#+&/$(4

?@ A$0#&*8&B'4#,%#CD#E'%(/$('*,&;$"'5&',&AF B'4#,%#&A*@&

A$0#&*8&7%%1',E&HE#,4-&

I$(#&J/'E',$""-&7%%1#5& I$(#&B$%(&D#,#+#5&

D#,#+$"&A*@&378&$,& I$(#&*8&K<:'/$('*,&

L$;#&-*1&#;#/&.$%&$&"'4#,%#=&4#/('8'4$(#&*8&:#/0'(&%1%:#,5#5&*R#%*2#5M&8&F#%&E';#&81""&5#($"'%&

N@ A$0#&*8&B'4#,%#CD#E'%(/$('*,&;$"'5&',&AFG& B'4#,%#&A@*

A$0#&*8&7%%1',E&HE#,4

I$(#&J/'E',$""-&7%%1#5& I$(#&B$%(&D#,#+#5

D#,#+$"&A*@&378&$,- I$(#&*8&K<:'/$(,*

L$;#&-*1&#;#/&.$%&$&"'4#,%#=&4#/('8'4$(#&*8&:#/0'(&%1%:#,5#5&*R#%*2#5M&8&F#%&E';#&81""&5#($