

EMPLOYEE DATA AND CONTACT INFORMATION SHEET

Employee ID: _____

DEPT: _____

Last Name	First Name	Middle Name or Initial	Social Security Number:
Address: _____			Birth Date:
City:	State:	Zip code:	
Phone Numbers: Home: () - Cellular: () -			Driver's License Number/State:
Personal Email:			

California law, including the **Workplace Know Your Rights Act (SB 294) (California Labor Code §1550 et seq.)**, provides employees with the option to authorize their employer to notify a designated emergency contact in the event the employee is arrested or detained during work hours or at the workplace. Completion of this section is voluntary and will only be used for this specific purpose.

This authorization is separate from general emergency contact use. Emergency contact information may still be used by the organization in the event of a medical emergency, workplace injury, or other urgent situation requiring notification.

- Yes, I authorize my employer to notify my designated emergency contact if I am arrested or detained during work hours or at the workplace. **OR**
- No, I do not authorize my employer to notify my emergency contact in the event of arrest or detention.

EMERGENCY CONTACT INFORMATION. In case of emergency, please notify:

Name: _____	* Primary Contact	Relationship:
Address: _____		Home phone: () -
City: _____	State: _____	Zip code: _____
		Cellular phone:() -
AND/OR:		
Name: _____	Secondary Contact	Relationship:
Address: _____		Home phone: () -
City: _____	State: _____	Zip code: _____
		Cellular phone: () -

Additional Information (Voluntary)

Allergies (Food, Medication, Insects, etc)

Medical Alerts (diabetes, asthma, etc)

I have voluntarily provided the above contact information and authorized _____ and its representatives to contact any of the above on my behalf in the event of an emergency. (Name of Business)

I understand that:

- This authorization applies only if my employer has actual knowledge of my arrest or detention during work hours or at the workplace.
- My emergency contact information will be used solely for this purpose unless otherwise required by law.
- I may update or revoke this authorization at any time by notifying Human Resources/ My employer's designated representative in writing.

Employee Name

Employee Signature

Date

SowPoint HR Solutions, LLC

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