U.S. Department of Energy
Southwestern Power Administration

NEW EMPLOYEE ADDRESS / EMERGENCY NOTIFICATION

Complete this form, then sign, date, and mail it prior to your first day of employment.

NEW EMPLOYEE CURRENT CONTACT INFORMATION:

Name:		**Home Phone:** **Cell Phone :**
Address:		
City:	**State:**	**Zip Code:**

IN CASE OF EMERGENCY, NOTIFY ONE OF THE FOLLOWING:

Name:	**Relationship:**
Address:	**Phone:**
Name:	**Relationship:**
Address:	**Phone:**
Personal Physician:	**Phone:**

PRIVACY ACT NOTICE
(DOE System of Records 44 Fed. Reg. 51,079)

This information is provided pursuant to Pub. L. 93-579 (The Privacy Act of 1974), December 31, 1974. The principal purpose of this form is to collect information to be used in the event of an accident causing injury to an employee. This information is to be supplied on a strictly voluntary basis. Failure to supply the information will not affect the employee in any way. This document will be maintained in the employee's personnel file.

New Employee Signature: _____ **Date:** _____