

NEW EMPLOYEE FORM–University Archives

Employee Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

In the event of a medical emergency, we will phone 911. Is there a person or family member you would like us to notify?

Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Email: _____

Medical condition or allergy (optional): _____
