

Employee Emergency Contact Information

Employee Name: _____ Contact Number: _____

In case of emergency, notify the following:

Name: _____ Relationship: _____

Full Address: _____

Contact Number: _____ Additional # (if applicable): _____

SB 294 Authorization for Arrest/Detention Notification

In accordance with California Labor Code section 1555 (SB 294), if you are arrested or detained at the worksite, or during work hours/performance of job duties offsite, the employer is required to notify your emergency contact *if you authorize it.*

YES, I authorize my employer to contact the person listed above if I am arrested or detained during work hours or while performing job duties.

NO, I do not authorize my employer to contact the person listed above in the event of an arrest or detention.

Pre-Designation of Physician for Work-Related Injury

This information pertains to **work-related injury or illness only**. You are entitled to be treated by your own personal physician if the pre-designation form is completed and returned to the Auxiliary Human Resources Office prior to any work-related injury. If you do not pre-designate a physician and need medical treatment for a work-related injury or illness, you will be referred to the organization's approved physician.

I elect to be treated by the organization's approved work physician

I elect to be treated by my own physician. (Please list physician information below)

Physician Name

Phone

Address

I acknowledge receipt of this form and understand that I can change this preference at any time by submitting a new form to Auxiliary Human Resources. This information will be kept confidential and only used in cases of medical emergency or as authorized above.

Employee Signature: _____ Date: _____