

## Employee Emergency Contact Form

Name (이름)

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Position (직책)

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### Personal Contact [개인 연락처]

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Address (주소)

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City (시)

State (주)

Zip Code (우편번호)

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Telephone (전화): Cell (휴대폰)

Home (집)

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### Emergency Contact Info [비상연락처]

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1. Name (이름)

Relationship (관계)

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Address (주소)

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City (시)

State (주)

Zip Code (우편번호)

---

Telephone (전화): Cell (휴대폰)

Home (집)

Work (직장)

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2. Name (이름)

Relationship (관계)

---

Address (주소)

---

City (시)

State (주)

Zip Code (우편번호)

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Telephone (전화): Cell (휴대폰)

Home (집)

Work (직장)

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### Medical Contact Info [담당의사 연락처]

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Doctor Name (주치의 이름)

Telephone (전화번호)

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Dentist Name (치과의사 이름)

Telephone (전화번호)

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### Applicant's Signature [신청인 서명]

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I have voluntarily provided the above contact information and authorize Hanul Family Alliance and its representatives to contact any of the above on my behalf in the event of an emergency.

Signature of Employee (직원서명)

Date (날짜)