



Employee Emergency
Notification Form

In the event of an emergency, I, the undersigned employee, authorize KES, Inc. to notify the following person:

Name: _____

Phone Number: _____

Address: _____

Relationship to
Employee: _____

In the event KES is unable to notify such person, the Company is authorized to notify:

Name: _____

Phone Number: _____

Address: _____

Relationship To
Employee: _____

Employee Signature:

Date

Printed Employee Name