

JUDICIARY EMPLOYEE DATA/EMERGENCY CONTACT FORM

In order to ensure that the information in your personnel file and Continuity of Operations Plan (COOP) is correct, please complete this form with the most current data and notify the Human Resources Department when changes occur. **Please complete and return to the Judiciary Human Resources Department. PRINT CLEARLY.**

If your address has changed, you also need to complete and attach a payroll address form and health benefits address form. Both forms are available on courtnet or from your human resources representative.

EMPLOYEE DATA	
Your Name: Nickname:	Check one: <input type="checkbox"/> Appellate <input type="checkbox"/> Circuit <input type="checkbox"/> District <input type="checkbox"/> AOC/CRA
Home Address Home Phone: Cell Phone: Work Phone:	County of Employment: Department/Unit: E-Mail (Optional): Supervisor's Name: Supervisor's Work Phone:
EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
Contact #1 Name: Relationship:	Home Phone: Cell Phone: Work Phone:
Contact #2 Name: Relationship:	Home Phone: Cell Phone: Work Phone:

Employee Signature

Date

Note: Send original to Judiciary Human Resources, Transactions Unit, 580 Taylor Ave. Building A-1, Annapolis, 21401. Maintain copy at work location.