



Law Clerk - Employee Data and Emergency Contact Form

Please complete the entire form, listing two people that we may notify in the event of an emergency. You may update future changes in CONNECT.

EMPLOYEE DATA	
Your Name: Nickname: Cell Phone: ()	Check one: <input type="radio"/> Court of Appeals <input type="radio"/> Court of Special Appeals <input type="radio"/> Circuit Court <input type="radio"/> District Court
Home Address: (Where you will be living <u>during your clerkship</u> (if unknown, please use your permanent address)) Work E-Mail: Personal Email:	County of Employment: Judges's Name: Chamber's Phone: ()
EMERGENCY CONTACTS	
Please list two people (in priority order) who could be contacted in case of an emergency	
Name of Contact #1 Relationship:	Home Phone: () Business Phone: () Cell Phone: ()
Name of Contact #2 Relationship:	Home Phone: () Business Phone: () Cell Phone: ()

Employee Signature

Date

If you are changing your address be sure to include address change forms for Central Payroll (A new W-4) and Health Benefits (if you have benefits). Web site: www.mdcourts.gov/hr under Resources and then scroll down to Address Changes