

INTERIM COMPENSATION SOURCE, INC.

EMERGENCY CONTACT INFORMATION

NAME: _____

HOME TELEPHONE NUMBER: _____

ALTERNATE TELEPHONE/CELL NUMBER: _____

PERSONAL E-MAIL ADDRESS: _____

AUTOMOBILE LICENSE PLATE NUMBER: _____

LICENSE PLATE EXPIRATOION DATE: _____ **STATE:** _____

In the event of an emergency, please contact:

Contact No. 1: **Name:** _____

Telephone Number: _____

Alternate/Cell Number: _____

Relationship to Temporary Employee: _____

Contact No. 2: **Name:** _____

Telephone Number: _____

Alternate/Cell Number: _____

Relationship To Temporary Employee: _____

The address provided Interim on enrollment paperwork is my permanent address where all personal mail is received.

Temporary Employee Signature: _____

Date: _____