

DATE: _____

TO: Office of Administration, Dongguk University Los Angeles (DULA)

ATTN: John Jeon, COO / Human Resources

SUBJECT: EMERGENCY CONTACT INFORMATION

Employee Name: _____ **Department:** _____

I agree that DULA will contact the following individual(s) in time of an emergency.

EMERGENCY CONTACT INFORMATION					
Name 1		Daytime Phone		Relationship	
Address		Email Address			
Name 2 <i>(Optional)</i>		Daytime Phone		Relationship	
Address 2 <i>(Optional)</i>		Email Address			

THANK YOU FOR YOUR COOPERATION!