



# Superior Court of Arizona

Pinal County

Court Human Resources

## Emergency Contact Information

Employee Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

### Primary Emergency Contact

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Secondary Emergency Contact

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Send Completed Form to Court Human Resources at [PinalSCHR@courts.az.gov](mailto:PinalSCHR@courts.az.gov)

**Original:** Department Personnel File

**CC:** County Human Resources and Department Director Admin Assistant