



**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
FINANCE DEPARTMENT POLICY & PROCEDURE**

SUBJECT: **CURRENT EMPLOYEE INFORMATION**

Policy No: **101.19**

Revision No.: **3**

Revision Date: **February 2000**

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I. **PURPOSE:**

To ensure we have current employee home phone numbers and addresses available in the event of a medical emergency.

II. **POLICY:**

Each Section Head is responsible for maintaining a file with current home phone number and address for his/her staff and forwarding a copy to Finance Administration for the master file. (See attached form).

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

EFFECTIVE DATE: October 1, 1981

Reviewed: April 2003

Reviewed: August 2004

Reviewed: November 2005

APPROVED BY:

FINANCE DEPARTMENT

EMPLOYEE EMERGENCY INFORMATION

CONFIDENTIAL

DATE: _____

EMPLOYEE NAME: _____

IMMEDIATE SUPERVISOR: _____

ASSIGNED WORK AREA: _____

EMPLOYEE # _____

HOME TEL. # _____

ADDRESS: _____

CITY/ZIP: _____

IN CASE OF EMERGENCY, NOTIFY:

1. _____
NAME TELEPHONE #

2. _____
NAME TELEPHONE #

MEDICAL GROUP/PHYSICIAN:

NAME TELEPHONE #