



# STATE OF ALASKA EMERGENCY CONTACT FORM

**IMPORTANT: With the implementation of IRIS HRM every Employee who has an LDAP has access to input and update their Emergency Contact through the Employee Self Service (ESS).**

<http://iris-ess.alaska.gov>

**If you do not have access to ESS please fill out this form and submit to Payroll Services.**

Employee Name:	Employee ID or SSN:
Department:	Home Unit:

**First Contact** \*Required fields, including one phone number

Relationship:	Prefix:	First Name:*	
Middle Name:	Last Name:*		
Suffix:	Comments:		
Email:	Home Phone:	Ext:	Work Phone:      Ext:
Mobile Phone:	Ext:	Fax:	Ext:

\*Required fields if adding an address.

Street Address Line 1:*			
Street Address Line 2:			
City:*	State:*	Country:*	Zip Code:*

**Second Contact**

Relationship:	Prefix:	First Name:	
Middle Name:	Last Name:		
Suffix:	Comments:		
Email:	Home Phone:	Ext:	Work Phone:      Ext:
Mobile Phone:	Ext:	Fax:	Ext:

Street Address Line 1:			
Street Address Line 2:			
City:	State:	Country:	Zip Code:

Employee Signature:	Date:
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Submit this completed form to the Payroll Services section in the Division of Personnel & Labor Relations.