



# STATE OF ALASKA EMERGENCY CONTACT FORM

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

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

**If you are a new employee or 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: |
|---------------------|-------|

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