FAMILY COURT OF THE STATE OF DELAWARE

NOTIFIND – EMERGENCY ALERT SYSTEM
EMPLOYEE INFORMATION DATA SHEET

Please complete this data sheet with all of the requested information. If one of the fields of data does not apply, then you may leave this field blank. Any field marked with an asterisk is mandatory to complete. You are able to tab through these fields and type in the information.

When you finish completing this form, please email directly to **Human Resources (fc_hr@state.de.us)** to maintain confidentiality of the information and enable HR to update and populate the Notifind system with this critical information.

Employee ID	**Last Name, First Name***	**Work Phone Number***	**Work Cell Number**	**Personal Cell Number**
Home Phone Number*	**Text Number**	**Work Email Address***	**Home Email Address***	**Home Address (Street)***
Home Address – City*	**Home Address – State***	**Home Address – Zip Code***	**Emergency Contact Last Name, First Name***	**Emergency Contact Phone Number***
Alternate Emergency Contact Number	**Emergency Contact Relationship***			