



OCEAN VIEW SCHOOL DISTRICT
Human Resources/Personnel Commission



TO: ALL OVSD STAFF
FROM: Human Resources
RE: Ocean View Emergency Personnel Information

PLEASE COMPLETE ONLY IF THERE ARE NEW CHANGES.

Every employee is being asked to submit the information below for use during emergencies. This information is to assist you or your family in crisis situations only.

In case of an emergency, please provide two emergency contacts.

Emergency Numbers

(#1) (Name) (Relation) (Area Code) (Telephone Number)

(#2) (Name) (Relation) (Area Code) (Telephone Number)

EMPLOYEE INFORMATION

Your Name _____

Home Address _____

(City) (Zip Code)

*Primary Telephone Number (_____) _____ Cell or Landline

Secondary Telephone Number (_____) _____ Cell or Landline

****Primary Telephone Number will be used as the contact number for Aeries Communication.
Note: If a landline is used as a primary number, you will not receive text messages.***

Personal email address _____ (not your OVSD email address)

Date: _____

Signed: _____