



STATE OF ALASKA EMERGENCY CONTACT FORM

IMPORTANT: State employees are **REQUIRED** to enter and update their emergency contacts through Employee Self Service (ESS) at <https://iris-ess.alaska.gov>. Employees who **DO NOT** have access to ESS, may use this form to add or update emergency contacts for their Employee Record. ***Fields are required**

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

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

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

***Required fields if adding an address.**

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

Second Contact

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

***Required fields if adding an address.**

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

Employee Signature:	Date:
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Submit this form to the Division of Finance Payroll Services Contact for your department found at https://doa.alaska.gov/dof/payroll/pr_svcs_contact.html

NOTE: The above information will remain in effect unless changed by you.