

[Date]

[Worker Full Name]

[Worker Address]

[City, State, Zip Code]

Subject: Request for Emergency Contact Information

Dear [Worker Name],

To ensure your safety while on assignment with [Agency Name], we require up-to-date emergency contact information for all our personnel. This information will only be used in the event of a medical emergency or an urgent incident involving your welfare while at work.

Please provide the details for your primary emergency contact below:

- Full Name: _____
- Relationship to You: _____
- Primary Phone Number: _____
- Secondary Phone Number: _____

Please return this information to the [Human Resources / Administration] department by [Date] via [Email Address or Physical Method].

If your emergency contact details change at any point during your assignment, please notify us immediately so we can update our records.

Thank you for your cooperation.

Sincerely,

[Your Name/Signature]

[Your Job Title]

[Agency Name]