

EMERGENCY EVACUATION ASSISTANCE
Confidential

In order to maintain appropriate evacuation procedures, all faculty and staff are encouraged to voluntarily inform the College's Public Safety Team if assistance is required in an emergency evacuation.

Responses will only be used for emergency evacuation purposes and will only be shared with individuals who have responsibilities under the College's Emergency Evacuation Plan.

Name:

Email Address:

Department/Office:

Department/Office Main Telephone Number:

Department/Office Location:

Your Department/Office Telephone Number:

Alternate Number (Cell):

Title/Position:

Full Time Position Part Time Position
(check one of the above)

Working Hours:

Do you require assistance? * Yes No

If you answered Yes, please complete the information below to indicate the type of assistance required during an emergency evacuation. Completed, dated and signed forms should be returned to 1A-201.

Is this a temporary or permanent disability? _____

Type of Assistance Required:

Please be advised that your signature will also serve as acknowledgement that a copy of this document will be placed in your personnel file.

Signed: _____

Date: _____

***If you answered NO and circumstances change, or the type of assistance that you require changes, you must file a new Emergency Assistance Form with Human Resources.**