



Division 11 Personnel Management

Chapter 14 – Notification Forms/Personal Information

January 2009

POLICY

This General Order establishes a procedure to ensure that the Department has accurate, up-to-date personal and contact information on all employees.

DEFINITIONS

N/A

PROCEDURES

1. General Provision

It shall be the responsibility of every member of this Department to ensure that personal information on file is accurate and up-to-date. This includes basic information such as name, address, phone number, etc., in addition to health, next of kin, and emergency contacts. Personal information can be updated by completing a PGC Form #673, a change of address form, or by written memo. The information is to be sent to the Human Resources office for entry into Departmental records. The Human Resources office shall be responsible to ensure that changes are forwarded to the appropriate County agencies.

Each supervisor is to ensure that a Prince George's County Fire/EMS Department Personnel Record/Risk Management Form (PGC Form #673) and an Emergency Contact Information form are to be completed with each Past Performance Appraisal (PPA). All forms should be completely filled out and attached to the PPA prior to returning them via the chain-of-command.

REFERENCES

N/A

FORMS/ATTACHMENTS

Prince George's County Fire/EMS Department Personnel Record/Risk Management, PGC Form #673 (Rev. 10/04)

Prince George's County Fire/EMS Department Emergency Contact Information



PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT

PERSONNEL RECORD/RISK MANAGEMENT

ID NUMBER _____ DATE _____

NAME: LAST _____ MIDDLE _____

FIRST _____ TITLE _____

STREET ADDRESS _____ APT. _____

CITY _____ STATE _____ MD _____

ZIP CODE _____ HOME TELEPHONE _____

BIRTH DATE _____ RELIGION _____

SEX _____ RACE _____

HEIGHT _____ WEIGHT _____ COLOR EYES _____ BLOOD TYPE _____

FAMILY DOCTOR _____

DOCTOR'S TELEPHONE _____

MEDICAL ALLERGIES _____

CHURCH OR MINISTER _____

CHURCH TELEPHONE _____

EMERGENCY CONTACT NAME _____

ADDRESS _____

TELEPHONE – WORK _____

HOME _____

RELATIONSHIP _____

INITIAL CONTACT DATE _____

ASSIGNMENT DATE _____

RANK/TITLE _____

FIRE/EMS DEPARTMENT STATUS: VOL. _____ CAREER _____

AUX. _____ CIVILIAN _____

DRIVER'S LICENSE NUMBER _____

DRIVER'S LICENSE CLASS _____

DRIVER'S LICENSE EXPIRATION DATE (MM/DD/YYYY) _____

DRIVER'S LICENSE RESTRICTIONS _____

PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT
PERSONNEL RECORD/RISK MANAGEMENT

EMERGENCY CONTACT/CALL BACK INFORMATION SUPPLEMENTAL FORM

- ◆ Please use this supplemental form to provide information on additional contact persons should you become involved in a personal emergency while on duty that requires notification. This form will also be used in case of a County emergency and personnel call back is required.

EMPLOYEE'S NAME _____ ID _____
Last First MI

EMPLOYEE'S CALL BACK INFORMATION

HOME PHONE _____ WORK PHONE _____
PAGER _____ CELL PHONE _____

PERSONAL EMERGENCY CONTACT INFORMATION

ADDITIONAL CONTACT NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
PAGER _____ CELL PHONE _____

ADDITIONAL CONTACT NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
PAGER _____ CELL PHONE _____

ADDITIONAL CONTACT NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
PAGER _____ CELL PHONE _____

ADDITIONAL CONTACT NAME _____ RELATIONSHIP _____
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