IMP 87-04, EMPLOYEE INFORMATION AND EMERGENCY NOTIFICATION

Updates the former policy and form. The employee is responsible for notifying Human Resources when information changes. Employees who divulge confidential employee information without the appropriate authorization may be subject to disciplinary action.

ARIZONA DEPARTMENT OF VETERANS' SERVICES

INTERNAL MANAGEMENT POLICY 87-04

SUBJECT: EMPLOYEE INFORMATION AND EMERGENCY NOTIFICATION

EFFECTIVE DATE: March 01, 2000 (Supersedes 87-04, 11/15/91 and 2/5/96)

1.0 POLICY: It is the policy of the Arizona Department of Veterans' Services (ADVS) to maintain employee information forms in each individual's official personnel file. These forms are maintained to contact employees or their designated emergency contacts in emergency situations ONLY and shall have limited access.

2.0 AUTHORITY: A.R.S §41-604, Duties and Powers of the Director.

3.0 RESPONSIBILITY: Supervisors shall ensure that all employees understand and comply with this policy.

4.0 PROCEDURES:

4.1 Employees shall:

4.1.1 Maintain accurate and complete information on their Employee information Form (ADVS 01-19 – attached).

4.1.2 Advise immediate supervisor of any changes in home addresses or telephone numbers within five working days after change.

4.1.3 Inform the ADVS Human Resources Office of any changes in home addresses or telephone numbers within five working days after change.

4.2 Home address and telephone information is CONFIDENTIAL and shall not be divulged to any person outside the employee's chain of command without the employee's express written permission.

4.2.1 Any necessary contact with an employee at home shall be made only by a person in that employee's chain of command, the Director's Office, or Human Resources.

4.2.2 If an employee's telephone number is unlisted, those without routine access to the file should contact the employee through his/her supervisor.

5.0 Supervisors may provide their home address and telephone number to subordinates.

6.0 Employees who divulge confidential employee information without the appropriate authorization may be subject to disciplinary action.

7.0 IMPLEMENTATION: This policy shall be implemented without change on the effective date.

Patrick F. Chorpenning, Director

Attachment: Employee Information Form (ADVS 01-19)

ARIZONA DEPARTMENT OF VETERANS' SERVICES
EMPLOYEE INFORMATION

New ( ) Name Change ( ) Address Change ( ) Telephone Change ( ) Other ( )

_____ _____
Facility/Division Date

Employee Name (New)_____
Last First M.I.

Employee Name (Old)_____
Last First M.I.

Social Security Number_____ or Date of Birth _____

Home Address (New)_____

Home Address (Old)_____

City_____State_____Zip Code_____

Telephone Number (New)_____Old_____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name_____
Last First M.I.

Home Address_____

City_____State_____Zip Code_____

Telephone Number (Home)_____(Work)_____

Relationship_____

Note: If any of the above information changes, the employee is responsible for notifying their supervisor and Human Resources.

ADVS 01-19 (2/00)