

# Emergency Contact Approval

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize the following individual to act as my emergency contact for any work-related emergencies:

**Name:** [Emergency Contact Name]

**Relationship:** [Relationship to Contact]

**Phone Number:** [Contact Phone Number]

**Email Address:** [Contact Email Address]

This authorization is effective immediately and will remain in effect until revoked in writing. I understand that this individual will be contacted in the event of an emergency or urgent situation related to my employment.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Department]

[Your Contact Information]