



**Key Department Operation Managers/Staff: (People to contact in the event of an emergency)**

Name	Position	Building #	Work #	Home #*	Pager #	Cell #	Email
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Department Employees with Mobility Disabilities:**

Name	Building #	Room #	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

**\*In accordance with the State of California Public Information Practices Act and UCSB policy P-8656, home addresses and home telephone numbers of University employees are not to be released, by phone request or through the mail, without the expressed and specific approval of the employee.**

*\*\*Thank you for your assistance. Please retain this information in your Dept EOP and mail a copy to the Training Division of EH&S, or FAX to x8659.\*\**