

Emergency Info Update Procedure

The Research Foundation will use this information to contact in case of emergency. If you have provided emergency contact information when you are hired, you will see that here. If you wish to update or add follow these steps:

1. Log in to [Employee Online](#) and Go to **Emergency Info** under **Personal** tab.
2. If you wish to update, click on the Name.

SJSU Research Foundation

Employee Online | Timecard Online | Leave Tracking

EO Home
Message Page
Employee Directory

Personal Information
Home Address
Emergency Info
Family Info

Emergency Contacts PERSON TESTING Help

Name	Relationship	Phone 1	Phone 2	Data Change Status
K SING	PRIMARY SPOUSE	(510) 111-1111		Request Submitted

Add

3. Update the information you wish to change and click on **Save** button.

SJSU Research Foundation

Employee Online | Timecard Online | Leave Tracking

EO Home
Message Page
Employee Directory

Personal Information
Home Address
Emergency Info
Family Info

Pay Information
Leave Tracking
Direct Deposit
Deferred Comp
Check Stub
Tax Info
What If
W2 Info
Paperless EFT Authorization

Job Information
Current Job
Historical Jobs

Benefits
Insurance
Reimbursement

Emergency Contact Information PERSON TESTING Help

Contact
First Name: K Middle: Last Name: SING
Relationship: SPOUSE Primary Contact:

Address
Address Line 1:
Address Line 2:
City: State: Zip: -

Phone
Phone Number: CELLULAR PHONE NUMBER (510) 111-1111
Phone Number:

Health Care Information
Health Care Provider:
Provider Phone:

Back Save

4. To add the new emergency contact, click on **Add** button

SJSU Research Foundation

Employee Online | Timecard Online | Leave Tracking

EO Home
Message Page
Employee Directory

Personal Information
Home Address
Emergency Info
Family Info

Pay Information
Leave Tracking
Direct Deposit
Deferred Comp
Check Stub
Tax Info
What If
W2 Info
Paperless EFT Authorization

Job Information
Current Job
Historical Jobs

Benefits
Insurance
Reimbursement

Emergency Contact Information PERSON TESTING Help

Contact
First Name: Middle: Last Name:
Relationship: Primary Contact:

Address
Address Line 1:
Address Line 2:
City: State: Zip: -

Phone
Phone Number: Phone Number:

Health Care Information
Health Care Provider:
Provider Phone:

Back Save

5. Enter the new contact information and click on **Save** button.