

HANDICAPPED EMPLOYEES

**NAME:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**FLOOR NO.:** \_\_\_\_\_

**TELEPHONE NO.:** \_\_\_\_\_

**NATURE OF HANDICAP:** \_\_\_\_\_

\_\_\_\_\_

IN CASE OF AN EMERGENCY

**BUDDY:** \_\_\_\_\_

\_\_\_\_\_

**BACK-UP  
BUDDY:** \_\_\_\_\_

\_\_\_\_\_