



**City of Port St. Lucie
Emergency Management Planning
Employee Data Sheet**

In an effort to properly plan the City's emergency operations during a hurricane situation or similar emergency, it will be appreciated if you would complete the following survey:

Name: _____

Title: _____

Address: _____
_____ **Zip:** _____

Telephone#: _____ **Department/Division:** _____

Supervisor: _____

A. In the event of a strong hurricane threat (Category 3,4 or 5) with appropriate warning given, I plan to: (please check one) *

- | | |
|--|--|
| <input type="checkbox"/> 1. Remain in my home. | <input type="checkbox"/> 3. Evacuate to a safe area. |
| <input type="checkbox"/> 2. Relocate to a local shelter. | <input type="checkbox"/> 4. Assigned to be on duty. |

Those checking #3, please complete the next section.

B. So that we may locate you, in the event you are missing after the event, please provide the address and telephone number where you will be evacuating to (if known, i.e. family or friend, if not known, i.e. motel, etc. please indicate that also):

Address: _____

Phone/Cell: _____

Relative or Friend's Name: _____

Motel or Other Establishment: _____

Other information: _____

Employee Signature: _____

Date: _____

* For employees who have been designated as Essential pursuant to the Essential/Non-Essential Employee Status Form you signed, your responsibilities before, during and after an event should be considered when completing this form.

Thank you for your cooperation. The Human Resources Department will maintain this information. Should you have any questions or concerns when filling out this form, please contact Claudia McCaskill, HR Technician, at 344-4335, or via e-mail.