

CARE – CARDS AND RESPONSES TO EVENTS

SITUATION FORM

Employee Name & Title _____ **Date** _____

Street Address / City / Zip _____

Nature of Event _____

If Hospitalized:

Send card or flowers to _____

Hospital _____

Street Address / City _____

If Death:

Name of Deceased _____

Relation to Employee _____

Date of Death _____ Funeral Home _____

Street Address / City _____

Visitation Dates and Times _____

Date and Time of Funeral _____

Funeral Location _____

Additional Information _____

Memorial: Contact person _____

Flowers requested Memorial contribution requested

Birth Announcement:

Mother or Father Name & Department _____

Circle one: Boy Girl Date born: _____ Weight _____ Length _____

Baby's Name: _____

Completed by ECS Only		
Cards	Flowers	For Births
<input type="checkbox"/> President's Office _____	Date Ordered _____	<input type="checkbox"/> Change of Status Packet Sent
<input type="checkbox"/> ECS Office _____	By Whom _____	Mailed _____
<input type="checkbox"/> E-mail CARE Recipients: President's Office, VP-ABA, VP-AA, University Communications, ECS		