



Pennsylvania Academy
of the Fine Arts

PERSONNEL RECORD FORM

NEW CHANGE/UPDATE

EFFECTIVE DATE: _____

Name: _____

Birth Date: _____

SSN: _____

Marital Status: _____

Address: _____

Start Date: _____

Position: _____

Email: _____

Department: _____

Telephone: _____

Status: Full-time OR Part-time

In case of an emergency involving me, please contact:

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Check here if you wish to enroll in ALERTNOW:

During emergencies, PAFA may utilize an automated dialing service entitled ALERTNOW to provide you with important information. PAFA will use your home, mobile, and/or email address listed above. If you wish to furnish any additional phone numbers or email address, please do so in the space provided below:

Email: _____

Phone: _____

Employee Name: _____

Employee Signature: _____