



GIVE. ADVOCATE. VOLUNTEER.

New Employee Information Form

Person Completing this Form: _____

Title: _____

United Way: _____

New Employee's Name: _____

Title: _____

Official Start Date: _____

United Way Email: _____

United Way Phone Number with Extension: _____

Is this a promotion within the organization: Yes No

Previous Place of Employment: _____

Additional Information: _____

Please sign up this new employee for:

United Way of Pennsylvania Update Newsletter (bi-weekly)

United Way of Pennsylvania E-Letter (monthly)

Please put this employee on the following United Way of Pennsylvania email lists:

Campaign Directors Marketing/Communications Labor & Community Service

Community Impact Member Chief Professional Officers

Assistants to Member Chief Professional Officers (CC group)

CCs for Member Chief Professional Officers (also receive all communications to CPOs)

Please return this form to:

Amanda Barbarich
Member Services Coordinator
United Way of Pennsylvania
909 Green Street
Harrisburg, PA 17102
amanda@uwp.org