

**Upper St. Clair School District
ECA Personal Data and Emergency Information
2008-2009 School Year**

*Past ECA Employees - Please **complete** this form **annually** to ensure that our records are current.*

USCSD Full Time Employee: Yes _____ No _____ Please check if New Address: _____	
If you work for another school district please indicate name of district: _____	
_____	_____
Name	Social Security Number
_____	_____
Address	Email
_____	_____ / _____
City _____ and _____ Zip Code _____	Home Phone / Cell Phone _____

Emergency Information	
Please identify individuals to be contacted in case of emergency	
_____	_____
Name	Telephone Number
_____	_____
Name	Telephone Number
_____	_____
Physician	Telephone Number
Please list any health problem or medication that you are taking or are allergic to that would be necessary to know during an emergency: _____	
In case of emergency the ambulance service will transport to St. Clair Hospital. If you choose to be transported to a hospital other than St. Clair, please specify: _____	
_____	_____
Signature	Date

I have held ECA positions in the past with the Upper St. Clair School District: Yes _____ No _____

If yes, list previous position(s) and specify year position was held: _____ Year _____
 _____ Year _____
 _____ Year _____
 _____ Year _____

Internal Use Only		
Act 34 <input type="checkbox"/>	Payroll Papers <input type="checkbox"/>	M. Bonczek: Payroll Papers & Copy of Contract <input type="checkbox"/>
Act 151 <input type="checkbox"/>	Physical <input type="checkbox"/>	M. Stabile: Emp ECA- Original Contract & Copy <input type="checkbox"/>
I-9 <input type="checkbox"/>	TB/Tine Test <input type="checkbox"/>	If not an employee- Copy of Contract <input type="checkbox"/>
Contract <input type="checkbox"/>	Universal Precautions <input type="checkbox"/>	