

**PARENT AND CHILD TOGETHER
(PACT) FOR
WEST CENTRAL ILLINOIS**

EMPLOYEE PERMISSION TO PUBLISH/POST

I give PACT for West Central Illinois permission to publish my name, job title, home address, phone number, and PACT e-mail address in the employee directory that will be used only within the agency. I am also aware that upon receipt of the directory, it shall be treated as a confidential document and shall not be shared with any individual(s) outside the agency. **YES** **NO** **Employee's Initials:** _____

I give PACT permission to post my name and/or photo on the agency's Website, Facebook Page, or other social media for the purpose of recognizing my career accomplishments and years of service with PACT. I am also aware that my photo may be posted/published online during special events, training activities, or as part of the audience in the background of a photo. **YES** **NO** **Employee's Initials:** _____

I understand that these permissions are valid for the duration of my employment with PACT. I am responsible for notifying the Personnel Manager in writing if at any time I should wish to revoke my permission for either of these circumstances.

Signature _____

Position Title _____

Date _____