



FAMILY RELATIONSHIP DISCLOSURE FORM

This form must be completed and returned to the Human Resources Office.

Employee's Name: _____

Job Title/Position: _____

Employment Hire Date: _____ Full-Time _____ Part-Time _____

Salary Schedule _____ Rank _____ Step _____ Annual Salary _____

For purposes of this disclosure, relative includes the following: spouse, dependent, adult child and his or her spouse, parent, spouse's parents, sibling and his or her spouse.

Are you a relative of any employee of the Alabama College System or any member of the State Board of Education?

Yes _____ No _____

If yes, list the name(s), relationship, and employer/position of relative(s)

I affirm that all information contained herein is correct to the best of my knowledge.

Signed: _____
Employee

Date