



## FAMILY RELATIONSHIP DISCLOSURE FORM

Employee's Name: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Employment Date: \_\_\_\_\_ Full-Time  Part-Time

Salary Schedule: \_\_\_\_\_ Rank: \_\_\_\_\_ Step: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

**For purposes of this disclosure, relative includes any person related within the fourth degree of affinity or consanguinity to any job, position, or office of profit with the state or with any of its agencies.**

Are you a relative of any employee of the Alabama Community College System or any member of the Alabama Community College System Board of Trustees?

Yes  No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***My signature below affirms that all information contained herein is correct to the best of my knowledge.***

\_\_\_\_\_  
Employee's Name Printed

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date