

**ATHENS STATE UNIVERSITY  
FAMILY RELATIONSHIP DISCLOSURE FORM**

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

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 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 Community 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)**

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

Signed: \_\_\_\_\_  
Employee

\_\_\_\_\_  
Date