**WALLACE COMMUNITY COLLEGE - DOTHAN**

**FAMILY RELATIONSHIP DISCLOSURE FORM**

Employee’s Name: Click to Enter Employee Name

Job Title/Position: Click to Enter Employee Name

Employment Date: Click to Enter Date Full-Time [ ]  Part-Time [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Salary Schedule Click | Rank Click | Step Click | Annual Salary Click  |

**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 Alabama Community College System Board of Trustees?

**Yes** **[ ]  No** **[ ]**

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

Click to Enter Names, Relationship, and Employer/position of Relative

***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

**Revised April, 2016**