

FAMILY RELATIONSHIP DISCLOSURE FORM

Employee Name:			Employee Number:				
Campus:	Fayette	Hamilton	Jasper	Sumiton	Pickens	Collegewide	
Job Title/Positio	n:						
For purposes of his or her spouse						use, dependent, adult child and se.	
-	=					System (ACCS), including Bevill er of the ACCS Board of	
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.							
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Employee Signat	ture			Ī	Date		
Human Resource	es Use Or	ıly:					
Employment Da	te:				☐ Full Time	☐ Part-time/Hourly	
Salary Schedule Rank Step				,	Annual Salary/Hourly Rate		