

**WALLACE COMMUNITY COLLEGE - DOTHAN
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 the following: spouse, dependent, adult child and his or her spouse, parent, spouse's parents, or sibling and his or her spouse.

Are you a relative of any employee of Wallace Community College, any other employee of the Alabama Community College Stem 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

04/27/2015