

**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