



THE NEW YORK CITY DEPARTMENT OF EDUCATION

Office of Ethics and Conflicts of Interest

Notification of Employment Relationship with Family Member

Directions: All employees of the New York City Department of Education must complete, sign and date this form in conformance with Personnel Memorandum No. 56, May 19, 1992. It must be submitted to the responsible Personnel Manager. After review by the Personnel Manager, any forms that indicate a near relative or relative is employed by the NYC Department of Education will be forwarded to the Office of Ethics and Conflicts of Interest. All other forms, as well as copies of those forms submitted to the Office of Ethics and Conflicts of Interest, must be retained in the personnel files of the responsible district/region/central office. A new form must be submitted whenever a change or additional relationship occurs. Such submission should be made within thirty days of the occurrence of the change.

Please print.

Last Name: _____ First Name: _____ MI _____

Social Security # _____ - _____ - _____ File # _____

License, Civil Service Title or Job Classification _____

Organizational Unit in Which Employed: _____
(District/Region or Central Office, Division or School)

Do you have a near relative or relatives employed by the NYC Department of Education? Yes No

(If yes, you must complete the **Relationship Information** section below.) Check the appropriate response:

Original Submission. Revised Submission. Change from previous report.
No relationship previously reported. Date of Original Notification: ____/____/____

Relationship Information (Attach an additional sheet if necessary.) A near relative is defined as a parent, spouse, domestic partner, common law spouse, child, sibling, uncle, aunt, niece, nephew, cousin, grandparent, grandchild or any person with the same relationship to the employee as a spouse including those people who are half-relatives, step-relatives, adopted relatives, or individuals related through marriage. Please specify the relationship to you in exact terms. Example: wife's brother not brother-in-law.

Supervision Type please use the initials of the following code:

- DS** – Direct Supervision (The relative is your direct supervisor or you are the relative's direct supervisor.)
- IS** – Indirect Supervision (The relative supervises one or more of your supervisors or you supervise one or more of your relative's supervisors.)
- NS** – No Supervision (You do not supervise your relative, even indirectly, and your relative does not supervise you, even indirectly.)

Name of Relative	Relationship to You	Relative's Job Title	Relative's Job Site	Supervision Type*

Certification: I affirm, subject to the legal penalties for fraud or misrepresentation that the forgoing information with respect to employment relationship with family members is, to the best of my knowledge, accurate and complete. I declare, further, that in the event of any change in such employment relationship, or upon my learning new information, which may be relevant, I will transmit proper notification within 30 days.

Signature _____ Date _____

Note: After review by the employee's supervisor(s) this form must be retained in the personnel files of the appropriate school, district/region or central office.