



# Acknowledgement of Nepotism Policy

Effective Date of Change

|             |         |      |                                                                                                                   |                                   |
|-------------|---------|------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Name (Last) | (First) | (MI) | Employee ID#                                                                                                      | Supervisor's Name (if applicable) |
| Position    |         |      | <input type="checkbox"/> Employee<br><input type="checkbox"/> Board Member<br><input type="checkbox"/> Contractor | Location                          |

Please be aware of Board of Education Policy GAF and Administrative Regulation GAF-RA regarding nepotism. To comply with this policy and regulation, you must complete the following:

- I **do not** have any of the family members defined in #2 or #3 below, or persons living in my household who are employed by Anne Arundel County Public Schools (AACPS)/Board of Education.  
*(If you select this box, proceed to Signature/Date section)*
- The following **immediate family members** (spouse, parent, child, sibling, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, grandparent-in-law, grandchild-in-law, uncle-in-law, niece-in-law, nephew-in-law, and all step relationships) are employed by AACPS/Board of Education:

|                |                   |
|----------------|-------------------|
| Name           | Relationship      |
| Position Title | Position Location |
| Name           | Relationship      |
| Position Title | Position Location |
| Name           | Relationship      |
| Position Title | Position Location |
| Name           | Relationship      |
| Position Title | Position Location |

- The following **non-relatives** live in my household and are employed by AACPS/Board of Education:

|                |                   |
|----------------|-------------------|
| Name           | Relationship      |
| Position Title | Position Location |
| Name           | Relationship      |
| Position Title | Position Location |

**I affirm that the information provided by me on this form is correct to the best of my knowledge. I understand that I am required to complete a new nepotism form should circumstances change and relationships as detailed above develop during my employment with AACPS/Board of Education. I will submit a new form within 30 days in accordance with Administrative Regulation GAF-RA.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Internal Use Only**

Reviewed by: \_\_\_\_\_  
Date Initial

Contacted Employee/ Board Member     Contract Lead     Filed