NEW YORK CITY DEPARTMENT OF EDUCATION
NOTIFICATION OF EMPLOYMENT RELATIONSHIP WITH FAMILY MEMBER

INSTRUCTIONS: Please read the instructions on the reverse side before providing the information requested below. **This form must be submitted to the responsible supervisor by each employee** of the New York City school system, including any region or of any community school district, and retained in the employee's personnel file. **A new form must be submitted whenever a change or new relationship occurs**. Such submission must be within thirty days of the occurrence of the change.

1. Name:	**2. Soc. Sec. #:**	**3. Home Telephone:** **Work Telephone:**
4. Occupational Title or Job Classification:		
5. Organizational Area in which employed: **District or Central Headquarters Office:**_____ **School, Office, Bureau or Division:**_____ **Work Site Address:**_____**Zip Code:**_____		
6. Do you have a near relative or relatives employed by the New York City Department of Education? ☐ **YES** ☐ **NO** **(If yes, you must complete the RELATIONSHIP INFORMATION in section 8 below.)**		
7. Check appropriate line to indicate whether this notification is: ☐ **Original Submission. No relationship previously reported.** ☐ **Revised Submission. Change from previous report.** **Date of original submission: ____/____/____**		

8. RELATIONSHIP INFORMATION (Attach an additional sheet, if necessary)

Name of Your Relative (Indicate relationship to you)	**Your Relative's Job Title**	**Your Relative's Job Location**	**Supervision Type** (See code below before checking appropriate box)		
			DS	**IS**	**NS**

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.

9. CERTIFICATION

I affirm, subject to the legal penalties for fraud or misrepresentation that the foregoing 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:_____

INSTRUCTIONS FOR FILING
NOTIFICATION OF EMPLOYMENT RELATIONSHIP WITH FAMILY MEMBER

1. **This form must be filled out completely by all employees working within the New York City Department of Education. After review of the form by the employee's supervisor, the employee's supervisor must retain the form in the employee's personnel file at the work location (e.g. school, regional office, central office).**

2. **A "near relative" is defined as a mother, father, husband, wife, daughter, son, brother, sister, aunt, uncle, niece, nephew, cousin, grandmother, grandfather, grandchild or any person with the same relationship to the employee's spouse or registered domestic partner including those people who are half-relatives, step-relatives, adopted relatives or individuals related through marriage.**

3. **In item 8, please specify the relationship in exact terms rather than as a general designation. For example, a description such as "wife's brother" or "husband of wife's sister" is preferable to "brother-in-law."**

4. **This form is part of the regular applicant package that must be completed and submitted by all incoming staff regardless of job category, i.e., pedagogical, administrative, paraprofessional and custodial, including employees of the custodian, whether or not there is a near relative employed in the school system.**

5. **Employees must submit this form to report employment relationships with relatives that exist as a result of contract employment or through consultant services provided to the Department of Education.**

THE NEW YORK CITY DEPARTMENT OF EDUCATION

JOEL I. KLEIN,

Chancellor
DIVISION OF HUMAN RESOURCES
CENTER FOR RECRUITMENT AND PROFESSIONAL DEVELOPMENT
65 Court Street – Brooklyn, NY 11201

_____
Date

Chapter 68 Certification

Pursuant to Charter 2603 (b) (2), I hereby certify that I have read and shall conform to the Conflicts of Interest Law as described in the attached pamphlet. I understand that the pamphlet does not discuss all provisions of the Conflicts of Interest Law, and that it is my responsibility to be fully familiar with Chapter 68 of the New York City Charter, the Conflicts of Interest Law. (The Conflicts of Interest Law can be accessed in its entirety at www.ci.nyc.ny.us/html/conflicts and is found in the Publications section of that website.) **I understand that I must complete and submit within 30 days a Disclosure of Interests Questionnaire (OP550R) if I have an interest covered by the law, or if an interest should arise after submission of this Chapter 68 Certification.** I recognize that I must contact the Department of Education's Ethics Officer at (718) 935-5300 to discuss any conflicts of interest questions I have, or to apply for a waiver.

_____
Signature

_____
Date

_____
Print Name

_____
Social Security Number

_____
Print Title