

## **DeKalb County Schools Board Policy**

#### **GAGD Exhibit I-Nepotism**

All District employees are required to disclose, on an annual basis, whether they are a relative of any other current District employee, including the Superintendent or current member of the Board of Education. Additionally, employees are required to disclose, in writing, to the District if they are employed by a vendor approved to do business with the District. Failure to disclose this information may result in disciplinary action, up to and including, termination.

### **RELATIVE DISCLOSURE INFORMATION FORM**

I,		nereby certify that I am a	current employee of the DeKalb	
County Sch	ool District, currentl	y assigned to work at	, in the position	
of	under the su	pervision of	•	
Please sele	ect one:			
	I further verify that I am a relative, as defined in Board Policy GAGD, with			
	following individuals also employed by the school District.			
Name		Relationship	School/Department	
	*****	complete an additional form	- if no	
		-		
	•	·	in Board Policy GAGD, with any	
	individual(s) also e	employed by the school D	istrict.	
E	Employee Signature		Date	
Employee I	dentification Numbe	r		



# DeKalb County Schools Board Policy GAGD Exhibit II: - Nepotism

It is the goal of the DeKalb County School District to make all employment decisions based solely on individual qualifications and merit. Individuals should not be employed, promoted or appointed based on consideration of, or influence by family or personal relationships of DCSD employees, administrators, Board of Education Members, or the Superintendent. Nor should qualified individuals be denied employment, promotions, or appointments based on consideration of, or influence by family, personal or business relationships of DCSD employees, administrators, Board of Education Members, or the Superintendent.

## **Hiring Authority Administrator Attestation Form**

Under penalty of perjury, I,	hereby certify that I am an
administrator of the DeKalb County School Di	strict, currently assigned to work at (location)-
, in the p	position of,
under the supervision of	
I understand that as an Administrator that I promotion, appointment, or vendor approval $\boldsymbol{r}$	, Board of Education <b>GAGD-Nepotism</b> policy. am prohibited from making any employment, recommendations with the consideration of, or iness relationship of any DCSD employee, ation Member, or the Superintendent.
appointment, or vendor approval recommend by any family, personal or business relation	policy in making employment, promotion, lations with the consideration of, or influence aship of any DCSD employee, administrator, nber, or the Superintendent will result in tion.
Administrator Signature	Employee Identification Number
School/Department	 Date

Forward this form to the Division of Human Resources, Employee Records Department.

Please keep a copy for yourself.