

**ISANA**  
**NEPOTISM DISCLOSURE FORM FOR BOARD OF DIRECTORS AND EMPLOYEES**

It is the policy of ISANA not to discriminate in its employment and personnel actions with respect to its employees and applicants on the basis of marital or familial status, nor to discriminate in the election of board members. However, pursuant to ISANA's Nepotism Policy, ISANA may not employ or retain any employee who is a relative of any ISANA board member or the CEO, and ISANA retains the right not to hire or retain an employee when his or her relationship to another ISANA employee, an ISANA board member, or an ISANA consultant or school services provider has the potential for creating an adverse impact on work productivity or performance, or an actual or perceived conflict of interest.

For the purposes of this Form and as defined in ISANA's Nepotism Policy, the term "relative" shall include the following relationships: **known relationships established by blood, marriage, or legal action**. Examples include, but are not limited to, spouse, mother, father, son, daughter, sister, brother, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, stepparent, stepchild, aunt, uncle, nephew, niece, grandparent, grandchildren, or cousin. The term also includes domestic partners (a person with whom an individual's life is interdependent and who shares a common residence) and a daughter or son of a domestic partner.

It is the responsibility of every board member and employee to disclose, by way of this Form and as relationships arise or may be discovered, any personal relationship that falls under these definitions to ISANA's Director of Human Resources, or to the CEO if the relationship involves the Director of Human Resources.

Please disclose any relative in the following table. For additional relatives, please use additional pages as needed.

**Please check the appropriate box applicable to you:**  **Board Member**  **Applicant**  **Current Employee**

**Disclosure of Relative(s)**

Name: _____	Name of Relative: _____
Title: _____	Relative's Title: _____
Your Supervisor: _____	Relative's Supervisor (if known): _____
	Relationship to You: _____

I have read and understood ISANA's Nepotism Policy and certify that the above information is true and correct to the best of my knowledge. I understand that my failure to properly disclose the presence of any relative within the organization, or my violation of the Nepotism Policy, may lead to disciplinary action up to and including the termination of my employment or my removal from the board consistent with the organization's bylaws.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this completed form to the Director of Human Resources.**