

INDEPENDENT SCHOOL DISTRICT 199  
Inver Grove Heights Community Schools  
2990 80<sup>th</sup> Street East  
Inver Grove Heights, Minnesota 55076

**DISCLOSURE FORM – EMPLOYMENT AND SUPERVISION OF RELATIVES**

1. Name of individual completing form: \_\_\_\_\_
2. Current or offered position/title: \_\_\_\_\_
3. Name, position and building assignment of relative who is employed by ISD 199: \_\_\_\_\_
4. Please disclose any additional information which you believe may clarify this situation:

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

*Return this form to HR Professional in the district office.*

**\*\*\*For District Use Only\*\*\***

- |   |   |
|---|---|
| 1. Person responsible for supervision and evaluation of employee listed in #1, above: _____ | 2. Person responsible for supervision and evaluation of employee listed in #3, above: _____ |
| 3. Alternate assignment?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 4. Alternate supervision/evaluation?  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| 5. Comments:  |   |

Superintendent Signature: \_\_\_\_\_

Board Meeting Date: \_\_\_\_\_

File: Employment Disclosure