EMPLOYMENT OR ASSIGNMENT OF RELATIVES

(The proponent of this form is Human Resources Business Center)

1. NAME *(Last, First, Middle Initial)*		
2. ORGANIZATIONAL ASSIGNMENT	3. HOME ADDRESS *(Include Street, City, and State)*	4. TELEPHONE NUMBER
5. MAILING ADDRESS *(If different from home address)*	6. PERSON TO NOTIFY IN CASE OF EMERGENCY *(Name, Address, Phone)*	

ASSIGNMENT OF RELATIVES

Fill in the information below of all relaives and/or spouse, civilian and military, who are employed or assigned at Fort Campbell. If you have no relatives and/or spouse employed or assigned at Fort Campbell, write NONE in the appropriate column. Relatives are defined as follows:

Father, mother, son, daughter, brother, sister, aunt, uncle, first cousin, nephew, niece, father-in-law, son-in-law, daughter-in-law, sister-in-law, brother-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, halfbrother, halfsister.

NAMES OF RELATIVES AND/OR SPOUSE ASSIGNED AT FORT CAMPBELL	RELATIONSHIP	ORGANIZATIONAL ASSIGNMENT

PRIVACY ACT STATEMENT

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a) - AUTHORITY: Title 5, USC 301. **PRINCIPAL PURPOSE:** To provide information to the CPO regarding an employee's relatives who are also employed at Fort Campbell. **ROUTINE USES:** To determine whether an employee cannot be promoted or reassigned to a position because of the prohibition on employment of relatives. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Mandatory disclosure. If information is not prrovided, it may prevent an employee from being selected for appointment or other placement action.

The statements made by me in this document are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

DATE (YYYYMMDD)	PAYROLL SIGNATURE OF EMPLOYEE