



DISCLOSURE OF IMMEDIATE RELATIVES FORM - Statewide

DHR-STW-Form #: DHR-STW-221.2-F

Authority: 29 Del. C. c. 58; Merit Rule 12

Effective Date: June 5, 2024

Revision Date: June 5, 2024

Supersedes: February 28, 2024

I have read and acknowledge that I am familiar with, understand, and will comply with the Anti-Nepotism Policy of the State of Delaware. I acknowledge that I am required to disclose any of my immediate relatives that I am aware of employed by the State of Delaware Agency where I am applying or employed. An immediate relative is defined as the employee’s spouse or domestic partner; parent, stepparent, or child of the employee, spouse or domestic partner; employee’s grandparent or grandchild; employee’s sibling; spouse of employee’s child; or any minor child for whom the employee has assumed and carried out parental responsibilities.

Part 1: Immediate Relative Information – Please attach an additional page if necessary

Name of Relative	Agency/Division

Part 2: Applicant/Employee Information

Applicant/Employee Name (Print): _____

Position: _____ Agency/Division: _____

Applicant Signature: _____ Date: _____

Part 3: Signature Section

Manager/Supervisor Date

Agency Human Resource Date

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party’s electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

A copy of this completed Form must be sent to the Agency Human Resources office.