

Initiative for Social Action Foundation (INSAN)

FAMILY CO-WORKER STATEMENT

Employee Name:

I would like to disclose that my following relative (relatives include spouse, children, siblings, aunts, uncles or anyone living with you or your family members) is working with Initiative for Social Action Foundation (INSAN):

Name of relative _____

Position/Title: _____

Department/Project _____

INSAN office _____

Duty Station _____

Relationship with the employee _____

I understand and agree that the determination by Initiative for Social Action Foundation (INSAN) that I have failed to disclose any such information about relatives working with the INSAN will be grounds for immediate dismissal without severance or any other benefit.

Name _____

Signature _____ Date: / /

Supervisor _____

Signature _____ Date: / /

HR Manager _____

Signature _____ Date: / /