MEMO TO: ALL EMPLOYEES

FROM: PERSONNEL OFFICE

SUBJECT: REPORT OF FAMILY RELATIONSHIP

In order to comply with State law, Personnel Policy and Department of Corrections Procedure regarding the exercise of preferential selection practices based on family relationship rather than merit, we are requesting that each employee report any known family members who currently work for the Department.

As defined in ORS 659-340 (3) (b), a family member "means the wife, husband, son, daughter, mother, father, brother, brother-in-law, sister, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, stepparent or stepchild of the individual." In addition, this includes as a family member, a domestic partner covered under the employee's PEBB benefit plan.

On the reverse side of this memo is the form used for reporting family members. Completed forms will be placed into each employee's file as a permanent record, will be kept confidential and, each employee has the responsibility to update the form when the information changes.
Department of Corrections
Report of Family Relationship

EMPLOYEE NAME ______________________________________  AGENCY ____________________
WORK LOCATION ___________________________________  SS NO ____________________
CLASSIFICATION ____________________________________

CONFIDENTIAL

List below the name(s), work location(s), classification(s) if known and your relationship to any family members working within the Department at this time

A. NAME ______________________________________  RELATIONSHIP ____________________
   WORK LOCATION ____________________________________________________________
   CLASSIFICATION ____________________________________________________________

B. NAME ______________________________________  RELATIONSHIP ____________________
   WORK LOCATION ____________________________________________________________
   CLASSIFICATION ____________________________________________________________

C. NAME ______________________________________  RELATIONSHIP ____________________
   WORK LOCATION ____________________________________________________________
   CLASSIFICATION ____________________________________________________________

D. NAME ______________________________________  RELATIONSHIP ____________________
   WORK LOCATION ____________________________________________________________
   CLASSIFICATION ____________________________________________________________

☐ Please check here if you have no known family members working for the Department at this time.

Employee Signature ___________________________ Date ____________________________

RETURN COMPLETED FORMS TO: Department of Corrections
                             Human Resources Division
                             1793 13th Street SE
                             Salem, OR 97302-2595

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