

GRAMBLING STATE UNIVERSITY

ANNUAL INFORMATION AND CERTIFICATION OF EMPLOYEE/BUSINESS RELATIONSHIPS

Every employee of Grambling State University must complete this form.

Name: _____ Date: _____

GSU ID: _____

Address: _____

Department: _____

Department Phone #: _____

Supervisor's Name: _____

Supervisor's Title: _____

YES NO

1. Do you have a relative who conducts business with the University? _____

If yes, explain the relationship (mother, uncle, etc.) and give the name and address
of the business. _____

2. Do you work in the business? _____

If yes, give the hours of your employment. _____

Title of your position in the business: _____

3. Is the owner(s) related to your spouse? _____ If yes, explain. _____

4. Do you have ownership affiliation? _____

If yes, indicate the percentage (25% - 50%, none, etc.). _____

