

DECLARATION OF MEMBER OF FAMILY

(To be completed by a member of staff whose relative is an employee of the University)

A. PARTICULARS OF PERSON DECLARING

Staff File Number:	
Names:	
Position:	
Department / Unit:	
Faculty/Institute:	
Date of Appointment:	

B. PARTICULARS OF PERSON BEING DECLARED

Staff File Number:	
Names:	
Position:	
Department / Unit:	
Faculty/Institute:	
Date of Appointment:	

C RELATIONSHIP BEING DECLARED

Spouse:

Child:

Father:

Mother:

Signature of person declaring: Date:

D. SUBMISSION TO DIRECTOR HUMAN RESOURCES

Date received:

Signature: