

RECORD OF FAMILY RELATIONSHIP

NAME (Last, first, middle)

GRADE

POSITION

LOCATION (Region, city, State)

OFFICE, SERVICE, AND DIVISION

INSTRUCTIONS

Indicate in the spaces below the pertinent information regarding the employment in the Federal Aviation Administration of employees who are related to you by blood or marriage.

A revised form must be submitted to the personnel officer by the employee whenever there is a change in status with respect to relationship by blood or marriage to another FAA employee.

RELATIONSHIP

(If no relatives by blood or marriage, write the word "none" in the first column. Where details are not known, write the word "unknown" in the appropriate column.)

NAME OF FAA EMPLOYEE TO WHOM RELATED (1)	RELATIONSHIP (2)	POSITION HELD BY EMPLOYEE TO WHOM RELATED (3)	LOCATION OF POSITION REFERRED TO IN (3) (4)	DOES THIS PERSON RESIDE WITH YOU IN SAME HOUSEHOLD (5)	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO

THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(SIGNATURE)

(DATE)