

# 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.). \_\_\_\_\_