

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

To ensure compliance with TTUHSC Operating Policy No. 70.08 on Nepotism, please provide the following information.

Your name: _____
Title: _____
Department: _____
Location: _____

RELATIONS (if applicable):

Name: _____
Title: _____
Department: _____
Location: _____
Relationship: _____

Name: _____
Title: _____
Department: _____
Location: _____
Relationship: _____

_____ (Initial) I have read and signed the TTUHSC Employee Affidavit located in the TTUHSC Selected Operating Policy and Procedures Manual (OP 70.08).

Signature _____ Date: _____

R# _____