

Employee Relationship Policy Acknowledgment

Employee Name: _____

I was provided with CalSTRS Employee Relationship Policy. I have read and understand this policy, and agree to comply with the terms set forth in this policy requiring that I disclose the existence of any Personal Relationship(s) at CalSTRS, so that CalSTRS can determine if an actual, perceived, or potential conflict of interest exists. This information must be disclosed within ten (10) days to the Supervisor for the position at issue.

I further acknowledge and understand the impact that the CalSTRS Employee Relationship Policy may have if a conflict results from a Personal Relationship I have under this policy, including the need to maintain an ethical wall, which may affect promotional opportunities or compensation, regardless of performance.

Print Name

Date: _____

Signature

Print Form