CITY OF CHELSEA
ANNUAL ETHICS DISCLOSURE FORM
(use multiple sheets if necessary)

EMPLOYEE NAME: _____

DEPARTMENT: _____

NOTE: For the purpose of this disclosure, the term "immediate family" shall refer to your spouse, and you and your spouse's parents, children, brothers and sisters.

Please state the names of employees in your department that are your immediate family.

NAME	POSITION

Please state the names of City or School employees not in your department that are your immediate family.

NAME	POSITION

Please state all immediate family members who may be a principal or work for a principal with a contract(s) with the City and/or School Department.

Signature	Printed Name	Date

FOR INTERNAL USE: Annual total compensation in all forms_____

Reviewers Initials: _____

DUE MARCH 29, 2013 TO THE LAW DEPARTMENT