

STATE OF ALASKA REQUEST FOR NEPOTISM WAIVER

TO: Commissioner
Department of:

DATE:

- A.** In accordance with 2 AAC 07.950(c), authority is requested to appoint the individual listed below to the indicated position.

NEW EMPLOYEE		
Name (last, First, MI)	Division/Section:	
Location:	Class Title:	PCN

The following current employee(s) of this Department (or agency) are related to the above individual by blood or marriage within the second degree of kindred. As provided by 2 AAC 999(37) "second degree of kindred" means a father, mother, son, daughter, brother, sister, grandfather, grandmother, grandson, or granddaughter, in a full, half, or step relationship.

CURRENT EMPLOYEE		
Name:	Relationship:	Division/Section:
Location:	Class Title:	PCN
Name:	Relationship:	Division/Section:
Location:	Class Title:	PCN

There will not be a direct supervisory relationship between the named individual and the current employee(s) listed.

Comments by the requesting Appointing Authority:		
Signature of Appointing Authority:	Printed Name:	Date:

- B.** In accordance with 2 AAC 07.950(c) your request is
 Approved* Not Approved

*Note that approval is for this specified position only. Any change in status/position will require a new approval. Any change in duties which creates a direct supervisory relationship voids this approval.

Comments:	
Signature of Commissioner/Principal Executive Office	Date