Disclosure of Criminal Convictions

Section I: Instructions

Submit this form to the Director of System Benefits and Human Resource Services at 500 University Blvd E., Tuscaloosa, AL 35401. Upon receipt of the completed form, a background investigation may be conducted by the UA System Office.

Section II: Personal Information

Under the guidelines of the UA System Employee Handbook, section 1.7, the UA System Office requires current staff to self-disclose post-employment criminal convictions that occur after August 1, 2019. Convictions must be disclosed **within five business days of the conviction**. Disclosure is required whether the crime(s) occurred in Alabama or other locations. The disclosure must be made to the Director of System Benefits and Human Resource Services.

Last name	First name	Middle name
Department name	Daytime phone #	E-mail
Section III: Conviction Information	tion	
I have been convicted of, or pled ${\mathfrak g}$	guilty to or no contest to, or am the subject of a find	ling of guilt by a judge or jury for the following crime(s):
□Felony	☐Misdemeanor (includes DUIs)	
Charge	Charge type	Charge date (mm/dd/yyyy)
County	City	State
	e criminal record, please attach it. A conviction is not	
Employee signature		Date
This section to be completed b	y the Director of Human Resources:	
	leted:	
	neteu	
Employee notified: ☐No acti	on necessary. \Box Employee will continue empl	oyment with agreement.
☐Employee must be terminate	ed and will not be eligible for re-hire.	
Director of System Benefits and	Human Resource Services/Designee	Date
Department Head/Designee		Date
Chancellor/Designee		Date