



Nepotism Form

Date: _____

The department of _____ is requesting approval to hire the candidate below who currently has a relative employed within our department.

Candidate Information

Name:

Position Title:

Department/Division:

Supervisor:

Employed Relative

Name:

Title:

Department/Division:

Relationship:

Supervisor:

If there will be any supervisory line of authority (direct/indirect) between the candidate and the employed relative then please refer to [Human Resources Policy and Procedure #19.0: Nepotism](#).

If there will be no supervisory line of authority then please select appropriate work-related interaction:

These individuals may interact in a work-related capacity. However, this interaction will not violate the Nepotism policy.

These individuals will not have any work-related interaction.

If you have any questions, please contact me at: _____

(Supervisor of Position Signature)

(Date)

(Division/College Leadership Signature)

(Date)

(Provost Signature)

(Date)