

Date:			
Subject: Employment of Relatives			
То:			
From:			
On Behalf of Division/College's Senio	r Leadership:		
The department of	is requesting	approval to hire the	
	ative employed within our department/div		
Candidate Information	Employed Ro	elative	
Name:	Name:		
Position Title:			
Department/Division:			
Supervisor:			
	Relationship:	Relationship:	
No Management Plan Required. The indirect) between the candidate and	ere will <u>not</u> be any supervisory line of the employed relative.	authority (direct or	
Please see below for the appropriate	work-related interaction:		
These individuals may interact in violate the Nepotism policy.	n a work-related capacity. However, the	interaction will not	
These individuals will not have a	ny work-related interaction.		
Nepotism Management Plan Require	ed.		
If you have any questions, please contac	t me at·		
n you have any queenene, please contac	· mo uu		
(Supervisor of Position Print Name)	(Signature)	(Date)	
(oupervisor of a osition a finit maine)	(Oigitature)	(Date)	
(Division/College Leadership Print Name)	(Signature)	(Date)	
(President/Provost/EVPFA Print Name)	(Signature)	(Date)	