



Alternative Arrangement Agreement to Comply with Nepotism Policy 2.1.15

To: _____

From: _____

Date: _____

_____, and _____, due to your family relationship, your duties and responsibilities need to be modified to eliminate any possibility of nepotism or appearance of impropriety. The purpose of this memo is to formalize the agreement regarding these changes.

_____, given your functions and position in _____, we need to take formal steps to ensure that a conflict does not emerge. You must refrain from making or influencing any decisions such as to hire, promote, reclassify, supervise, direct, evaluate, make a salary recommendation, assign work or resources, approve leave requests, give any benefit, or terminate employment and other actions that may result in direct personal benefit to _____. Therefore, I am reassigning the duties of supervision of _____ to _____.

_____, you will report to _____ who will conduct your annual evaluation, make salary recommendations, and approve any of the above mentioned actions. If you have any questions related to any of these items, please discuss them with _____ directly.

_____, effective on the date of this agreement, you will assume supervisory responsibilities for _____. In this role, you should not consult or discuss any employment action concerning _____ with _____.

Sign in the spaces below to acknowledge that you have read and understand the nature of the above conditions and agree to abide by them so long as you are in your current positions and roles.

Employee signature Date

Family member supervisor signature Date

New supervisor signature Date

President (faculty) or Human Resources (staff) approval Title Date

Copies of this document must be placed in the personnel files of all impacted employees.