Employment of Relatives Disclosure Form

It is the employee's responsibility to inform their supervisor and Human Resources about potential or actual situations concerning the employment of a relative. An employee who does not disclose his or her workplace information may be disqualified and/or ineligible for employment, promotion, or transfer. Formal review, approval, and appropriate signatures are required prior to employment, promotion, or transfer of a relative. Employees must request authorization by submitting this completed form as directed below.

Employee's Information:

Name _____ Position _____

Department _____ Manager/Supervisor _____

Relative's Information:

Name _____ Position _____

Department _____ Manager/Supervisor _____

Relationship/Employment Information:

Who will be newly hired, transferred, or promoted? _____

What type of employment change will occur? ❑ New ❑ Hire ❑ Transfer ❑ Promotion

On what date will this employment change occur? _____

Will you or your relative supervise the other? ❑ Yes ❑ No

If yes, who will be the supervisor? _____

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Check all the duties of the relative's manager/supervisor, if applicable:

Responsibilities	✔	Comments
Approve time cards		
Evaluate performance		
Directly supervise day-to-day activities		
Approve time-off, vacation, and/or leaves		
Approve promotions or merit increases		
Hire or terminate		
Other:		

Note: If a relative is in a supervisory position as a result of this employment arrangement, an exemption must be requested below along with explanation in writing to the Human Resource Manager.

Employee (select one and sign):

❑ By signing below, I hereby certify that I have read, understand, and agree to the terms of the company's Employment of Relatives Policy.

❑ By signing below, I hereby certify that I have read and understand the terms of the company Employment of Relatives Policy, and I am requesting an exemption to the Policy for reasons outlined in my request to the Human Resource Manager.

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee signature: _____ Date: _____