

## Employment of Relatives Disclosure Form

Employees are responsible for disclosing potential or existing situations concerning employment of a relative to their supervisor and Human Resources. Non-disclosure may lead to disqualification and/or ineligibility 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. For more information, including USF's definition of a "relative", please read the [Employment of Relatives Policy](#).

### Employee's (Your) Information

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Relative's Information

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Relationship/Employment Information

Who will be newly hired, transferred, or promoted? \_\_\_\_\_

What type of employment change will occur? (circle)    New Hire                  Transfer                  Promotion

On what date will this employment change occur? \_\_\_\_\_

Will you or your relative supervise the other? (circle)    Yes                          No

If yes, who will be the supervisor? \_\_\_\_\_

If applicable, check all supervisor's duties that affect the relative:

Responsibilities	✓	Comments
Approve time cards	<input type="checkbox"/>	
Evaluate performance	<input type="checkbox"/>	
Directly supervise day-to-day activities	<input type="checkbox"/>	
Approve time-off, vacation, and/or leaves	<input type="checkbox"/>	
Approve promotions or merit increases	<input type="checkbox"/>	
Hire or terminate	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

**NOTE: If this employment arrangement causes one relative to be in a supervising position, an exemption must be requested below along with reasoning provided on the back of this form.**

**Employee (select one and sign):**

- By signing below, I hereby certify that I have read, understand, and agree to the terms of USF's Employment of Relatives Policy.
- By signing below, I hereby certify that I have read and understand the terms of USF's Employment of Relatives Policy, and I am requesting an exemption to the Policy for reasons outlined on the back of this form.

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Employee (Your) Signature

Date

**Supervisor (select one and sign):**

- By signing below, I hereby certify that I have read and understand the terms of USF's Employment of Relatives Policy, and I approve of this arrangement.
- By signing below, I hereby certify that I have read and understand the terms of USF's Employment of Relatives Policy, and I acknowledge that an exemption to the Policy is necessary.

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Supervisor Signature

Date

**Supervising Dean/Vice President (select one and sign):**

- By signing below, I hereby certify that I have read and understand the terms of USF's Employment of Relatives Policy, and I approve of this arrangement.
- By signing below, I hereby certify that I have read and understand the terms of USF's Employment of Relatives Policy, and I acknowledge that an exemption to the Policy is necessary.

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Supervising Vice President Signature

Date

**Associate Vice President, Human Resources (select one and sign):**

- By signing below, I hereby certify that I have read and understand the terms of USF's Employment of Relatives Policy, and I approve of this arrangement.
- By signing below, I hereby certify that I have read and understand the terms of USF's Employment of Relatives Policy, and I do not approve of this arrangement.

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Associate Vice President, Human Resources Signature

Date