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:

<table>
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<tr>
<th>Responsibilities</th>
<th>✓</th>
<th>Comments</th>
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<tr>
<td>Approve time cards</td>
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<td>Evaluate performance</td>
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<td>Directly supervise day-to-day activities</td>
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<td>Approve time-off, vacation, and/or leaves</td>
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<td>Approve promotions or merit increases</td>
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<td>Hire or terminate</td>
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<td>Other:</td>
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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.

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.

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.

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.

Associate Vice President, Human Resources Signature
Date