# Engineering Administration

## Nepotism Policy** Checklist / Immediate Family Member* Worksheet

Employee Name: _____ (last) _____ (first) _____ (MI) OSU ID #_____

Are you responsible for the decision to hire, or the supervision, direction, evaluation, or salary recommendation of a member of your immediate family*? If so, please provide the name and relationship of family member. _____ Yes _____ No

Name _____ Relationship _____

Is an immediate family member* responsible for the decision to hire, or the supervision, direction, evaluation, or salary recommendation of you? If so, please provide the name and relationship of family member. _____ Yes _____ No

Name _____ Relationship _____

**I affirm that the above information is true and complete to the best of my knowledge. I accept responsibility for complying with the University policies on Nepotism**. I assume responsibility for updating this disclosure in the event my situation changes relative to the Nepotism Policy.**

**Signature of employee** _____ **Date** _____

After signing, please forward this form to HR Office in your department for verification and completion. The form should then be forwarded to the Chairperson of your department, or equivalent supervisory official (i.e. Dean for Department Chairs or Associate Deans, Provost for Deans, etc.) for completion of the assessment below. Final original forms will be maintained in the Department. Copies of forms where nepotism may or does exist, must also be kept on file in the College.

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I have reviewed the OHR Nepotism Policy** and the information provided and in my judgment:

a. ____ No nepotism concern exists

b. ____ A nepotism concern may exist, but does not appear to be significant

c. ____ A nepotism concern may exist and a written management plan (attached) should be drafted and reviewed regularly

d. ____ I recommend the following action:

**Signature of Department Chair** _____ **Date** _____

After department chair review, in cases where nepotism may exist, please forward this form to College Office.

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I have reviewed the OHR Nepotism Policy** and the information provided and in my judgment:

a. ____ No nepotism concern exists

b. ____ A nepotism concern may exist, but does not appear to be significant

c. ____ A nepotism concern may exist and a written management plan (attached) should be drafted and reviewed regularly

d. ____ I recommend the following action:

**Signature of College Dean** _____ **Date** _____

After college dean review, in cases where nepotism may exist, please forward this form to OHR for staff, OAA for faculty.

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I have reviewed the OHR Nepotism Policy** and the information provided and in my judgment:

a. ____ No nepotism concern exists

b. ____ A nepotism concern may exist, but does not appear to be significant

c. ____ A nepotism concern may exist and a written management plan (attached) should be drafted and reviewed regularly

d. ____ I recommend the following action:

**Signature of OHR or OAA Official** _____ **Date** _____

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* For definition of immediate family member, please see section I.E., FML Policy 6.05 at http://hr.osu.edu/policy/policy605.pdf.

** The OHR Nepotism Policy is available online at http://hr.osu.edu/policy/policy125.pdf.