UNIVERSITY OF CENTRAL FLORIDA

OFFICE of FACULTY AFFAIRS

Employment of Relatives

Appointment of relatives in a single organizational unit or in job-related organizational units is permitted, provided that such appointment will not create a conflict of interest. The employment of relatives must be approved prior to the appointment of any individual in any pay plan, temporary or casual employment, or paid student positions such as OPS student assistants, teaching assistants, or research assistants. Pursuant to University policy 3-008, *relative* is defined as anyone related to an employee including, where applicable, parent, child, sibling, uncle or aunt, first cousin, nephew or niece and spouse(adopted, step-, grand-, half-, in-law, or great-). Persons who intend to marry, or with whom the employee intends to form a domestic partnership or other intimate relationship are included in this definition of relative. *For A&P, USPS, and Non-Student OPS, please use the Human Resources form.*

*Please submit one completed and signed form for **each** relationship to the Division Academic Affairs, Office of Faculty Affairs (MH 351). Addiotionally, a new form must be completed if there is a change in reporting structure or employee relationship. This form **must not** be completed by the applicant.*

Applicant

Name: _____ **EMPLID (if available):**_____

Dept. /Unit: _____ **College/Unit:** _____

Employee Classification: _____ **Position Title:** _____

Relative

Name: _____ **EMPLID:** _____

Dept. /Unit: _____ **College/Unit:** _____

Employee Classification: _____ **Position Title:** _____

Relationship to Applicant: _____

Potential Conflict Management Affirmation

Consistent with the definition of *conflict of interest* as outlined in University Policy 3-008, neither _____
Current UCF Employee (Print Name)

nor _____ will participate in making recommendations or decisions affecting the appointment,
Applicant (Print Name)

retention, tenure, work assignments, evaluation, promotion, or demotion of their relative.

				Approved	Disapproved
Chair or Director:	_____ Print Name	_____ Signature	_____ Date	☐	☐
Dean, VP, or Designee:	_____ Print Name	_____ Signature	_____ Date	☐	☐
Provost or Designee:	_____ Print Name	_____ Signature	_____ Date	☐	☐