

**The University of Oklahoma Health Sciences Center**  
**NEPOTISM MANAGEMENT PLAN WAIVER REQUEST FORM**

The University recognizes that there is an inherent conflict of interest when an employee makes appointment, employment, promotion, salary, or tenure decisions about a family member, as defined in the [Regents' Policy Manual](#).

Per the University of Oklahoma Nepotism Policy (12/3/02), without first receiving a waiver that has been recommended by the Senior Vice President and Provost or appropriate Vice President and approved by the Board of Regents, no two persons who are related by consanguinity (blood) or affinity (marriage) within the third degree shall be given positions in which:

- Either is directly responsible for making recommendations regarding appointment, employment, promotion, salary, or tenure of the other; or
- Either of the two who holds a position in the same budgetary unit as the other is appointed to an executive or administrative position in that unit to a position involving administrative responsibility over it, as long as the other person remains in the unit.

**Note:** This form addresses nepotism management only. Units submitting this form are expected to ensure the proposed activity complies with other applicable University policy, including but not limited to [Minors on Campus](#) and [Standards of Conduct](#) and [Conflicts of Interest](#) (through annual disclosure form).

**PROCESS TO REQUEST A WAIVER**

- **Waiver Form:** The head of the budget unit must complete items 1 – 5 in the Waiver Form below and submit it to the Senior Vice President and Provost (for faculty) or appropriate Vice President (for staff) **before offering employment to or modifying the employment of any person whose employment without a waiver would violate this policy.** **NOTE:** No waiver is required in instances where the two individuals are employed in the same budgetary unit but neither has supervisory authority over the other and neither is directly responsible for decisions about employment, promotion, salary, or tenure related to the other.
- **Salary Increase:** A salary increase above the increase granted to all University employees in similar positions will not be granted to an employee who has been granted a waiver under this policy unless it has been approved by the Senior Vice President and Provost or appropriate Vice President and the President.

**WAIVER FORM**

1) Individual to be in the **supervisory role**;

NAME	EMPL ID
DEPARTMENT NAME	
COLLEGE OR ADMINISTRATIVE UNIT	
PROVOST OR VICE PRESIDENT AREA	
JOB TITLE	
SUPERVISORY CAPACITY	

2) Individual to be **supervised**:

NAME	EMPL ID
RELATIONSHIP TO #1	
(PROPOSED) JOB TITLE	
(PROPOSED) APPOINTMENT PERIOD (if being appointed on soft funds or date of initial appointment)	
DEPARTMENT NAME	
COLLEGE OR ADMINISTRATIVE UNIT	
PROVOST OR VICE PRESIDENT AREA	

3) **WRITTEN STATEMENT** – Describe how the benefit to the University in granting the waiver outweighs the potential harm the conflict of interest poses.

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4) **MANAGEMENT PLAN** – Describe the proposal for the means by which a qualified, objective person unrelated to the subordinate person shall make performance evaluations and recommendations for evaluation, compensation, promotion, and awards, as applicable to the role. Explain how this will avoid a conflict of interest.

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5) **CONFLICT OF INTEREST** – Initial below to indicate you have confirmed that both individuals named in 1) and 2) above have completed or updated their COI Disclosure form to reflect this relationship

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\_\_\_\_\_ Budget Unit Head Initials

**SIGNATURES**

\_\_\_\_\_  
(Proposed) Employee in Supervisory Role

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Proposed) Individual to be Supervised

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair/Director of Budget Unit

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean or Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conflict of Interest Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Vice President and Provost / Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
President (if above the average salary is requested)

\_\_\_\_\_  
Date

*All signatories will be notified following approval.*