

## The University of Oklahoma - 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, financial, or tenure decisions about a Relative, as defined below and 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 ("Relative") shall be given positions in which:

- Either is directly responsible for making recommendations regarding appointment, employment, promotion, salary, finances, or tenure of the other; or
- Either of the two holds a position in the same budgetary unit while the other is appointed to an executive or administrative position in that unit or 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 and is not a substitute for complying with other applicable University policies.**

### PROCESS TO REQUEST A WAIVER

- **Waiver Form:** The head of the budget unit must complete Items 1 – 8 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 the nepotism policy.**

**NOTE:** This waiver form is not required in instances where the two individuals are employed in the same budgetary unit but neither has or will have supervisory authority over the other and neither is directly responsible for decisions about employment, promotion, salary, tenure, travel, scheduling, or expenditures related to the other. In these instances, however, individuals are required to complete a Conflicts of Interest (COI) disclosure form. Where two individuals collaborate together on research activities, the COI Office may require additional information, or additional management.

- **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) Complete with hiring campus:

OUHSC – OKC Campus   
  OUHSC – Tulsa Campus   
  OU – Norman Campus   
  OU Norman – Tulsa Campus

2) Relative to be in the **supervisory role:**

NAME	EMPL ID
DEPARTMENT NAME	
COLLEGE OR ADMINISTRATIVE UNIT	
PROVOST OR VICE PRESIDENT AREA	
PROPOSED JOB TITLE	
SUPERVISORY CAPACITY	
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff	

3) Relative to be **supervised:**

NAME	EMPL ID
RELATIONSHIP TO #1	
(PROPOSED) JOB TITLE	
DEPARTMENT NAME	
COLLEGE OR ADMINISTRATIVE UNIT	
PROVOST OR VICE PRESIDENT AREA	
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff	

- 4) **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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- 5) **MANAGEMENT PLAN** – Describe the proposal for the means by which a qualified, objective person unrelated to the person to be supersized shall make performance evaluations and recommendations for evaluation, compensation, promotion, travel, scheduling, research expenditures, and awards, as applicable to the role. Explain how this will avoid a conflict of interest.
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- 6) **CONFLICTS OF INTEREST** – Initial below to indicate supervisor has confirmed that both relatives named in 2) and 3) above have completed or updated their COI Disclosure form to reflect this family relationship
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\_\_\_\_\_ Budget Unit Head Initials

- Or -

- Check this box if the nepotism waiver is being completed prior to the hire date of either or both of the relatives to indicate that you will ensure both relatives complete the Individual's COI Disclosure Form within 30 calendar days of the hire.
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**7. SIGNATURES FOR FACULTY RELATIVE(S)**

\_\_\_\_\_  
(Proposed) Relative in Supervisory Role (Listed in Item 2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Proposed) Relative to be Supervised (Listed in Item 3)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**8. SIGNATURES FOR STAFF RELATIVE(S)**

\_\_\_\_\_  
(Proposed) Employee in Supervisory Role (Listed in Item 2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Proposed) Individual to be Supervised (Listed in Item 3)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**9. SIGNATURES FOR UNIVERSITY LEADERSHIP** (Completed by Human Resources or Provost’s Office administrator)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Human Resources Officer or Deputy Chief Human Resources Officer

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*Budget Unit Head will be notified following approval.*