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.

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.

Responsibility to Update: The employees named below shall update this form within 10 University business days of a change to the information below. Annually, each shall also respond to OU's request to verify compliance.

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 faculty/staff combined waiver) 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.**
- **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) **Select hiring campus**:
☐ OUHC – OKC Campus ☐ OUHC – Tulsa Campus ☐ OU – Norman Campus ☐ OU Norman – Tulsa Campus

2) Relative 1**:**

NAME:	EMPL ID:
DEPARTMENT NAME:	
COLLEGE OR ADMINISTRATIVE UNIT:	
PROVOST OR VICE PRESIDENT AREA:	
(PROPOSED) JOB TITLE:	
SUPERVISORY OR ADMINISTRATIVE CAPACITY:	
☐ Faculty ☐ Staff ☐ Other:	

3) Relative 2**:**

NAME:	EMPL ID:
RELATIONSHIP TO RELATIVE #1:	
DEPARTMENT NAME:	
COLLEGE OR ADMINISTRATIVE UNIT:	
PROVOST OR VICE PRESIDENT AREA:	
(PROPOSED) JOB TITLE:	
☐ Faculty ☐ Staff ☐ Other:	

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

5) **MANAGEMENT PLAN** – Describe the proposal for the means by which a qualified, objective person unrelated to Relative 2 shall (1) make performance evaluations and recommendations for evaluation, compensation, promotion, travel, scheduling, research expenditures, and awards, as applicable to the role and (2) if both individuals are in the same budgetary unit or as applicable, make executive or administrative support decisions both Relatives are in the same budgetary unit. The management plan must clearly demonstrate that Relative 1 will recuse themselves from all administrative or personnel decisions and discussions involving Relative 2. Relative 1 shall have no direct responsibility or input regarding administrative support, employment, promotion, scheduling, travel, financial requests, or salary or financial decisions with respect to Relative 2. The plan must explicitly identify the independent administrative decision-maker who will hold sole responsibility for all personnel decisions and administrative actions.

6) **CONFLICTS OF INTEREST** – Initial below to indicate supervisor has confirmed that Relative 1 and Relative 2 have completed or updated their COI Disclosure form to reflect their relationship.

_____ 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 complete the Individual COI Disclosure Form within 30 calendar days of hire.

7. SIGNATURES FOR FACULTY RELATIVE(S)

(Proposed) Faculty Member listed as Relative 1	Date
(Proposed) Faculty Member listed as Relative 2	Date
Academic Home Department Chair/Director of Budget Unit	Date
Center Director (if applicable)	Date
Dean or Vice President	Date
Joint or Secondary Department Chair (if applicable)	Date
Joint or Secondary Dean (if applicable)	Date

8. SIGNATURES FOR STAFF RELATIVE(S)

(Proposed) Staff Member listed as Relative 1	Date
(Proposed) Staff Member listed as Relative 2	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)

Conflicts of Interest Officer	Date
Chief Human Resources Officer or Designee	Date
Senior Vice President and Provost / Vice President or Designee	Date