

## Alternative Arrangement Agreement to Comply with Nepotism Policy 1.25

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_, due to your family relationship, your duties and responsibilities need to be modified to eliminate any possibility of nepotism or appearance of impropriety. The purpose of this memo is to formalize the agreement regarding these changes.

\_\_\_\_\_, given your functions and position in \_\_\_\_\_, we need to take formal steps to ensure that a conflict does not emerge. You must refrain from making or influencing any decisions such as to hire, promote, reclassify, supervise, direct, evaluate, make a salary recommendation, assign work or resources, approve leave requests, give any benefit, or terminate employment and other actions that may result in direct personal benefit to \_\_\_\_\_. Therefore, I am reassigning the duties of supervision of \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_, you will report to \_\_\_\_\_ who will conduct your annual evaluation, make salary recommendations, and approve any of the above mentioned actions. If you have any questions related to any of these items, please discuss them with \_\_\_\_\_ directly.

\_\_\_\_\_, effective on the date of this agreement, you will assume supervisory responsibilities for \_\_\_\_\_. In this role, you should not consult or discuss any employment action concerning \_\_\_\_\_ with \_\_\_\_\_.

Sign in the spaces below to acknowledge that you have read and understand the nature of the above conditions and agree to abide by them so long as you are in your current positions and roles.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Former supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

New supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

SHRP signature \_\_\_\_\_ Date \_\_\_\_\_

Office of Human Resources approval \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

This document must be placed in the personnel files of all impacted employees.