UTA Procedure HR-E-PR13 Appointment of Relatives (Nepotism Rule) indicates:

No employee of The University of Texas at Arlington may approve, recommend, or otherwise act with regard to the appointment, reappointment, promotion, or salary of any person related to such employee within the second degree by affinity or within the third degree by consanguinity, regardless of the source of funds for the payment of salary. This provision also includes individuals hired as private contractors.

This Management Plan is required when seeking an exception to the Nepotism Rule. If an individual is to be assigned to a position that is under the supervision or control of a related employee who has or may have a direct or indirect effect on the individual’s progress or performance, or an individual is to be assigned to a position with the same immediate supervisor as a related employee, a management plan must be submitted by the head of the department (e.g., Director/Chair) to the applicable Dean or Vice President and the Chief Human Resources Officer.

**Instructions**

Return this completed form, including all signatures, to Office of Human Resources [AskHR@uta.edu](mailto:askhr@uta.edu). A copy of faculty management plans should also be sent to [AcademicHR@uta.edu](mailto:academichr@uta.edu).

**Individuals Involved**

Employee 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME TITE/DEPARTMENT

Employee 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME TITE/DEPARTMENT

**Nature of family or household relationship (select all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Spouse |  | Grandparent |  | Mother-in-law |
|  | Domestic partner |  | Grandchild |  | Father-in-law |
|  | Mother |  | Aunt |  | Sister-in-law |
|  | Father |  | Uncle |  | Brother-in-law |
|  | Sister |  | Cousin |  | Daughter-in-law |
|  | Brother |  | Niece |  | Son-in-law |
|  | Stepchild |  | Nephew |  | Grandparent-in-law |
|  | Legal ward |  | Other - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Grandchild-in-law |
|  | Corresponding step relative (e.g., stepmother, stepsister) |  | Corresponding relative to partner (e.g., partner’s mother, partner’s cousin) |  |  |
|  | Child (biological, adopted, foster) |  | Other person employee legally responsible for |  |  |

**Nature of employment relationship**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Direct reporting relationship |  | Assigned to the same department |
|  | Different departments but same unit/chain of command |  | Other: *explain* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Management Plan**

1. Describe a plan as to how to prevent any form of favoritism or the appearance of favoritism on all appointments, promotions, salary and other conditions of employment that will be directly managed and approved. Also explain how this will avoid a conflict of interest.
2. Describe the approval and review process for expenditures and travel which will eliminate any potential appearance of nepotism, conflict of interest, or conflict of commitment.
3. Describe how the benefit to the University in granting the waiver outweighs the potential harm the conflict of interest poses.

**ACKNOWLEDGEMENT**

*I accept and agree to the terms of this Management Plan*:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPROVALS**

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Signature of Director/Chair DATE

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Signature of VP/Dean DATE

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Signature of Provost (*applicable to faculty management plans only*) DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of CHRO DATE

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Print Name