

Near Relatives Identification and Approval Form ([APM 520](#), [UCD APM 520](#))

Name: _____ **Title:** _____
(Current employee in the department/unit, "Employee #1")

Name: _____ **Title:** _____
(Near Relative - Second employee in the department/unit, "Employee #2")

Department: _____

College/School: _____

Working relationship: _____
(Describe type of working relationship, e.g., supervisory, colleagues, peers, etc.¹)

Date when near-relative relationship began: _____ (Could be a date prior to starting work at UC Davis, or one that began since working at UC Davis.)

(Near relatives are defined as: spouse/partner, child, sibling, aunt/uncle, niece/nephew. In-laws or step-relatives of one of the relationships above are considered near relatives. Other persons residing in the same household are also considered near relatives. UCD APM 520.II)

Agreement: (check all that apply)

- Both employees agree not to participate in the process of review or decision-making on any matter concerning appointment, promotion, tenure, evaluation of performance, salary, retention, discipline, or termination of a near relative in the same or a different department.
- Both employees agree to recuse themselves from voting on each other's actions if departmental and/or campus voting procedures would usually warrant a vote.
- Because the working relationship would usually require one near-relative employee to supervise the other, an unrelated and qualified third party (named below) has been identified as supervisor to avoid a perception of a conflict of interest. (The department chair, named below, has developed written procedures for third party review of performance.)

Identify the third-party appointee who will supervise the near relative:

- Name: _____
- Work title: _____
- Department: _____

¹ Approvals required for: a) a direct or indirect supervisory relationship, b) the same immediate supervisor, or c) a close working relationship.

- College/School: _____
- Title: _____
- Date supervision initiated: _____
- Third-party supervisor manages the work of: (check one)

Employee #1 or Employee #2

- Additional procedures for managing this relationship have been created and approved by the Department Chair/Head and are enclosed. (*Upload a PDF/or include summary here, as appropriate*)

Signatures:

Employee #1: _____ Date: _____

Employee #2: _____ Date: _____

Acknowledgement of serving as third party supervisor:

Third Party Supervisor: _____ Date: _____

APPROVALS (you do not need to complete this section if routing the form through MyInfoVault):

Department Chair/Unit Head Name: _____ Signature: _____

Department: _____ Date: _____

Dean/Vice Chancellor Name: _____ Signature: _____

College/School/Division: _____ Date: _____

(NOTE: ANY STAFF APPOINTEES WILL ALSO NEED TO RECEIVE APPROVAL USING [THE FORMS](#) PROVIDED BY HUMAN RESOURCES.)