

EMPLOYMENT RELATIONSHIP REVIEW FORM

For Department Use

Reporting of simultaneous employment of relatives

TO BE COMPLETED BY APPROPRIATE ADMINISTRATOR			
Employee Name:	Employee ID:		
Indicate the employee's, SSU employed, immediate family member and their relationship:			
Employee Name:	Relationship:		
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Employee Name:	Relationship:		
Employee Name:	Relationship:		
SSU Employment Relationship Plan Guidelines:			
Document known relationships in the workplace: As the leader of an area where personal/familial relationships exist. I have documented their existence and agree to be mindful, objective and fair in all matters that may directly affect			
selection, appointment, evaluation, retention, tenure, compensation, promotion, termination, other employment status or interest of an immediate family member.			
Foster professionalism: At its very core, nepotism and favoritism of any type are	e unprofessional. As the leader in an		
area where known relationships exist, I will strive to create a professional environment which encourages			
fairness/equality and actively discourages nepotism, favoritism, and any type of unfair behavior.			
Offer training: Educating and informing employees is also an effective way to he			
and other unprofessional behavior in the workplace. Offering training on what n			
detrimental, and what employees should do if they observe or experience it in t	ne workplace is key, especially when		
known relationships exist.			
Facilitate communication: Along the same lines as training, I will actively comm			
there's an open avenue for reporting nepotism, favoritism and/or any type of ur			
understand that unchecked nepotism/favoritism is harmful and that employees	will not risk reporting it if they're unsure		
how to do so or if they fear it will negatively affect them. Engage: If I discover that nepotism or favoritism are taking place, I will immediately engage and work to ensure it stops.			
If someone comes forward with a complaint or accusation, I will immediately work with Human Resources or Faculty			
Affairs to address the matter quickly and with resolve.			
Management Plan: (please attach additional pages as needed.)			
(i) Address reporting relationships, supervision, and evaluation in a way that will assure that there will be no			
participation in employment decisions as prohibited by policy and			
(ii) Establish a review and approval process for expenditures to sufficiently	mitigate or preclude favoritism or the		
appearance of favoritism.	9 P		
Appropriate Administrator Signature:	Date:		
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TO BE COMPLETED BY EMPLOYEE			
TO BE COMPLETED BY EMPLOYEE			
By signing below I understand I must disclose any immediate family relationships I have with any current or new SSU employees. I agree not to vote, make recommendations or participate in any way with matters, that may directly affect			
	, with matters, that may unectly affect		

TO BE COMPLETED BY FACULTY AFFAIRS cc: Personnel Action File AVP Faculty Affairs Signature: Date:

or interest of an immediate family member. I understand, agree, and will comply with the Management Plan.

Employee Signature:

Date:



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Guidelines and Definitions

INFORMATION ABOUT THE USE OF THIS FORM

Neither California State University system nor Sonoma State University prohibit simultaneous employment of relatives as long as the relatives report their relationship(s) and comply with the CSU/SSU Nepotism Policy which can be found http://www.calstate.edu/HRAdm/pdf2004/HR2004-18.pdf

To ensure compliance, new employees and existing employees with new relationships must disclose them and agree not to vote, make recommendations or participate in any way with matters, that may directly affect the selection, appointment, evaluation, retention, tenure, compensation, promotion, termination, other employment status or interest of an immediate family member.

Managers must document a plan to add to each employees' personnel file where a direct (employee and his/her relative are direct reports) or indirect (related employees report to the same supervisor) relationship exists.

Management plans must:

- (i) Address reporting relationships, supervision, and evaluation in a way that will assure that there will be no participation in employment decisions as prohibited by policy and
- (ii) Establish a review and approval process for expenditures to sufficiently mitigate or preclude favoritism or the appearance of favoritism.

To ensure continuity and appropriateness, plans should be reviewed at least every three years or whenever there is a germane change in reporting relationships.

A form shall be filled out for each party of the relationship and added to each employee's file.

EXPLANATION OF TERMS		
Immediate Family Member	For the purposes of this policy, "immediate family member" is defined as a close relative including: parent, child, grandparent, grandchild, sibling, uncle, aunt, nephew, niece, first cousin, spouse, registered domestic partner, step-parent, step-child, brother-in-law, sister-in-law, father-in-law, mother-in-law, son-in-law, daughter-in-law, and by guardianship and/or adoption or a person residing in the immediate household except live-in household employees or roommates. Relatives of domestic partners shall be treated as relatives of spouses.	

COMPLETE FIELDS AS FOLLOWS	
Employee Name	Employee name as it appears in PeopleSoft or on the employee's Social Security Card.
Employee ID	Employee's PeopleSoft identification number.
Employee Name	Employee that has an immediate familial relationship with the above employee. Name should be as it appears in PeopleSoft or on employee's Social Security Card.
Relationship	Immediate familial relationship with original employee. (see above for definition)
Employee Name	Additional employee that has an immediate familial relationship with the above employee. Name should be as it appears in PeopleSoft or on employee's Social Security Card.
Relationship	Immediate familial relationship with original employee. (see above for definition)
Employee Name	Additional employee that has an immediate familial relationship with the above employee. Name should be as it appears in PeopleSoft or on employee's Social Security Card.
Relationship	Immediate familial relationship with original employee. (see above for definition)
Management Plan	As stated above: Managers must document a plan to add to each employees' personnel file where a direct (employee and his/her relative are direct reports) or indirect (related employees report to the same supervisor) relationship exists. This must be reviewed or updated every 3 years or when the relationship(s) changes.
Appropriate Administrator Signature	Signature of the Appropriate Administrator to the original employee
Employee Signature	Signature of the original employee named at the top of this form.

QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)