

**NEAR RELATIVES IDENTIFICATION AND APPROVAL FORM**

**A. EMPLOYEE 1: ACADEMIC EMPLOYEE**

_____ NAME (LAST, FIRST, MIDDLE)		_____ EMPLOYEE ID NUMBER	_____ DATE PREPARED
_____ TITLE	_____ SCHOOL/UNIT	_____ DEPARTMENT	

**B. EMPLOYEE 2: NEAR RELATIVE MAY BE ACADEMIC OR STAFF**

_____ NAME (LAST, FIRST, MIDDLE)		_____ TITLE	
_____ ACADEMIC OR STAFF	_____ SCHOOL/UNIT	_____ DEPARTMENT	

**C. WORKING RELATIONSHIP**

Describe type of working relationship, e.g., supervisory, colleagues, peers, etc. (225 character limit; provide attachment if needed)

**D. DATE WHEN NEAR RELATIVE RELATIONSHIP BEGAN**

Could be a date prior to starting at UC Merced or one that began since working at UC Merced

\_\_\_\_\_  
Date

**E. 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 in Section F) 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.)

**F. IDENTIFY THE THIRD PARTY APPOINTEE WHO WILL SUPERVISE A NEAR RELATIVE**

_____ NAME (LAST, FIRST, MIDDLE)		_____ TITLE	
_____ WORKING TITLE	_____ SCHOOL/UNIT	_____ DEPARTMENT	
_____ DATE SUPERVISION INITIATED		_____ NAME OF EMPLOYEE SUPERVISED BY THE THIRD-PARTY	

**G. ADDITIONAL PROCEDURES FOR MANAGING THIS RELATIONSHIP HAVE BEEN CREATED AND APPROVED BY THE DEPARTMENT CHAIR/HEAD (225 character limit; provide attachment or include summary here, as appropriate)**

**H. SIGNATURES AND APPROVALS**

_____ EMPLOYEE 1	_____ DATE	_____ EMPLOYEE 2	_____ DATE
_____ THIRD PARTY SUPERVISOR	_____ DATE		
_____ DEPARTMENT CHAIR/UNIT HEAD NAME		_____ DEAN/VICE CHANCELLOR NAME	
_____ DEPARTMENT CHAIR/UNIT HEAD SIGNATURE	_____ DATE	_____ DEAN/VICE CHANCELLOR SIGNATURE	_____ DATE