



**ADELPHI UNIVERSITY EMPLOYMENT OF IMMEDIATE FAMILY MEMBERS FORM**

Nepotism Compliance Agreement

This form is to be completed when an employee is assigned to a position under the supervision or control of an immediate family member or when immediate family members report to the same supervisor (includes faculty member or members reporting to department chair). This form also acknowledges that the employee who has signed below has read the campus policy on nepotism.

Fill in all that apply:

All personnel decisions including salary, appointment, evaluation, retention, tenure, compensation adjustments, termination, or other employment status or interest for \_\_\_\_\_(employee name) will be determined by \_\_\_\_\_(head of unit, e.g., AVP, divisional supervisor, vice presidents, etc.).

\_\_\_\_\_ (name of related family member) shall not initiate or participate in any institutional decisions involving a direct benefit (initial appointment, retention, promotion, salary, leave of absence, etc.) for \_\_\_\_\_(employee name) and shall not participate in discussions or votes designed to rank other employees in relationship to \_\_\_\_\_(employee name) for the purpose of such decisions.

\_\_\_\_\_, as manager of the organizational unit, shall be responsible for investigating concerns about conflicts of interest or favoritism involving members of the same immediate family.

Special considerations to alleviate any pressures toward favoritism to be take (if necessary):

Signatures:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
AVP, Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
CHRO

\_\_\_\_\_  
Date