ADELPHI UNIVERSITY
NEW YORK

Nepotism Compliance Agreement

This form must be completed when a relationship covered under the University's *Nepotism Policy* exists between two individuals employed in the same department/school or when one may influence the employment, supervision, or evaluation of the other.

The purpose is to document disclosure and outline steps to ensure compliance and maintain fairness in employment and academic decisions.

Employee and Relationship Information

Employee Name: _____

Employee Title/Department: _____

Related Individual's Name: _____

Related Individual's Title/Department: _____

Type of Relationship (select all that apply):
☐ Relative ☐ Close Personal Relationship ☐ Other (specific): _____

Disclosure Details

1. Describe the nature of employment of academic relationship (e.g., same department, reporting line, shared project, teaching role):

   _____

2. Does either individual have, or could have, supervisor, evaluative, or decision-making authority over the other?
   ☐ Yes ☐ No

3. If **Yes**, describe the reporting structure and proposed mitigation plan (e.g., alternate evaluator, separate reporting line, oversight by another administrator):

   _____

   _____

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Agreement and Compliance

The undersigned agree to the following conditions to ensure compliance with University policy:

- Neither party will participate in or influence any personnel or academic decisions affecting the other, including hiring, salary, evaluation, promotion, tenure, or disciplinary actions.
- The related individual will not participate in discussions, recommendations, or votes concerning the other's employment or academic status.
- Any potential conflict or perception of favoritism must be reported immediately to the Office of Human Resources.
- A management plan, if applicable, must be maintained and reviewed annually.
- This agreement remains in effect for the duration of the employment relationship or until the conditions change.

Special Considerations (if applicable)
Describe any additional measures or safeguards to prevent conflicts or perceptions of favoritism:

_____

_____

_____

Acknowledgment and Signatures
By signing below, I acknowledge that I have read and understand the University's Nepotism Policy and agree to comply with the conditions outlined above.

Signatures:

_____ _____
Employee Date

_____ _____
Related Individual Date

_____ _____
Supervisor/Department Chair Date

_____ _____
Office of Human Resources Date

File copies in the Office of the Provost and the Office of Human Resources