

In compliance with the MSU Board of Trustees Conflict of Interest in Employment policy approved on December 8, 1995 this form must be completed for all employees who will be working in the same department as a "relative". A copy of this form must be received and approved by Human Resources whenever this type of conflict of interest arises and should be reviewed and updated with any changes annually. A full copy of the MSU Board of Trustees Policy may be located at the following [link](#). Please refer to the following guidelines to complete this form:

1. A "relative" is defined in the policy "as a connection between persons by blood, marriage, adoption, domestic partnership, or other personal relationship in which objectivity might be impaired."
2. A department is defined as the offices under a single Common Unit Code.
3. Only one form needs to be completed and submitted per set of relatives.
4. No employee shall be assigned to a unit or department under the direct supervision or control of a relative.

Section I: To be completed by the hiring department

<p>Employee A _____ <small>LAST, FIRST, MIDDLE</small></p> <p>Position/Rank/Title _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Primary Department Name _____</td> <td style="width: 10%;">Code _____</td> <td style="width: 25%;">Second Department Name _____</td> <td style="width: 10%;">Code _____</td> </tr> <tr> <td>Primary College Name _____</td> <td>Code _____</td> <td>Second College Name _____</td> <td>Code _____</td> </tr> <tr> <td>Other Department Name _____</td> <td>Code _____</td> <td>Other Department Name _____</td> <td>Code _____</td> </tr> <tr> <td>Other College Name _____</td> <td>Code _____</td> <td>Other College Name _____</td> <td>Code _____</td> </tr> </table> <p>Appointment Date _____ First Level Supervisor's Name _____ End Date _____ Position/Rank/Title _____ PID _____ Second Level Supervisor's Name _____ Position/Rank/Title _____</p>	Primary Department Name _____	Code _____	Second Department Name _____	Code _____	Primary College Name _____	Code _____	Second College Name _____	Code _____	Other Department Name _____	Code _____	Other Department Name _____	Code _____	Other College Name _____	Code _____	Other College Name _____	Code _____	<p>Employee B _____ <small>LAST, FIRST, MIDDLE</small></p> <p>Position/Rank/Title _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Primary Department Name _____</td> <td style="width: 10%;">Code _____</td> <td style="width: 25%;">Second Department Name _____</td> <td style="width: 10%;">Code _____</td> </tr> <tr> <td>Primary College Name _____</td> <td>Code _____</td> <td>Second College Name _____</td> <td>Code _____</td> </tr> <tr> <td>Other Department Name _____</td> <td>Code _____</td> <td>Other Department Name _____</td> <td>Code _____</td> </tr> <tr> <td>Other College Name _____</td> <td>Code _____</td> <td>Other College Name _____</td> <td>Code _____</td> </tr> </table> <p>Appointment Date _____ First Level Supervisor's Name _____ End Date _____ Position/Rank/Title _____ PID _____ Second Level Supervisor's Name _____ Position/Rank/Title _____</p>	Primary Department Name _____	Code _____	Second Department Name _____	Code _____	Primary College Name _____	Code _____	Second College Name _____	Code _____	Other Department Name _____	Code _____	Other Department Name _____	Code _____	Other College Name _____	Code _____	Other College Name _____	Code _____
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Other College Name _____	Code _____	Other College Name _____	Code _____																														

Relationship of Employee A to B _____

Comments: _____

Recommended By:

_____ Primary Chairperson/Director Signature	_____ Date	_____ Second Chairperson/Director Signature	_____ Date	_____ Other Chairperson/Director Signature	_____ Date
_____ Primary Dean/Adm. Head Signature	_____ Date	_____ Second Dean/Adm. Head Signature	_____ Date	_____ Other Dean/Adm. Head Signature	_____ Date

Section II: To be completed by Human Resources

Associate Provost for Academic Human Resources _____ Date _____	Director Human Resource Services _____ Date _____	Student Employment Coordinator _____ Date _____
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Submit Completed Form to 110 Nisbet Building