

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><b>Employee A</b> _____  <small>LAST, FIRST, MIDDLE</small></p> <p><b>Position/Rank/Title</b> _____</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><b>Employee B</b> _____  <small>LAST, FIRST, MIDDLE</small></p> <p><b>Position/Rank/Title</b> _____</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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**Relationship of Employee A to B** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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**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**