

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 or unit 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 change 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

Employee A

LAST, FIRST, MIDDLE

Position/Rank/Title

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 _____

Appointment Date _____ First Level Supervisor's Name _____

End Date _____ Position/Rank/Title _____

PID _____ Second Level Supervisor's Name _____

Position/Rank/Title _____

Employee B

LAST, FIRST, MIDDLE

Position/Rank/Title

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 _____

Appointment Date _____ First Level Supervisor's Name _____

End Date _____ Position/Rank/Title _____

PID _____ Second Level Supervisor's Name _____

Position/Rank/Title _____

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