

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 _____

Submit Completed Form to SolutionsCenter@hr.msu.edu