**Rochester Institute of Technology**

**Conflict of Interest Management Plan Related To Nepotism**

**For**: *Name of Employee Member and Title* (“EMPLOYEE”)

**From**: *Name and Title* (“SUPERVISOR”)

**Re**: *Management Plan Regarding Relationship Between EMPLOYEE and [NAME and Title] (“EMPLOYEE B”)*

The Rochester Institute of Technology (“RIT”) expects its employees to conduct their job duties and responsibilities in accordance with university policies and procedures, and in compliance with all applicable laws and regulations. Employees are responsible for maintaining objectivity in their work relationships and avoiding situations which give rise to questions concerning favoritism, nepotism, or other conflicts of interest or commitment.

Specifically, the Conflict of Interest and Commitment Policy C.04 (“ICIC Policy”) and Nepotism Policy E.01.2 prohibit RIT employees from initiating or participating in employment-related decisions that directly affect a member of their immediate family or relative as those terms are defined in RIT policy. Nor may employees have a direct reporting relationship with an immediate family member or relative. Human Resources recommends eliminating indirect supervisory relationships as well to fully eliminate any perception of favoritism within the work place. EMPLOYEE is encouraged to contact their Human Resources Manager prior to finalizing the management plan. For purposes of this Conflict of Interest Management Plan, employment-related decisions include but are not limited to decisions concerning pay, promotion, appointments, tenure review, employee evaluations, merit or other awards, hours, approvals for training, tuition support, business expenses, employment contracts, or other conditions of employment.

**Factual Background**

Pursuant to the ICIC Policy and the Nepotism Policy, EMPLOYEE has disclosed that EMPLOYEE has a relationship with EMPLOPYEE B warrants this Management Plan. Specifically, *provide specific information about the relationship between EMPLOYEE and EMPLOYEE B. For example, (1) Employee B will be a direct or indirect report of EMPLOYEE, or (2) EMPLOYEE B is assigned to an area or function that is supervised or managed by EMPLOYEE.*

**Conflict of Interest Management Plan**

Conflict of Commitment: EMPLOYEE’s relationship to EMPLOYEE B must not interfere with EMPLOYEE’s duties and obligations to RIT. If EMPLOYEE’scommitment to RIT diminishes due to the relationship with EMPLOYEE B, then EMPLOYEE’s supervisor may revisit the terms and conditions of this Conflict of Interest Management Plan in accordance with the ICIC Policy.

To ensure fairness in employment-related decisions, actions and processes, and to avoid favoritism or the appearance of favoritism with respect to employment-related matters, EMPLOYEEwill neither supervise EMPLOYEE B either directly or indirectly, nor participate in any employment-related decisions concerning EMPLOYEE B. *If indirect supervision is also removed, please articulate the updated management structure in this portion of the management plan, including the new supervisor*.

1. All employment-related decisions and documents relating to the employment decisions shall be reviewed and approved by SUPERVISOR. Both EMPLOYEE and Employee B shall be made aware of this Conflict of Interest Management Plan.
2. Members of the department in which EMPLOYEE and EMPLOYEE B work shall be informed that any issues or concerns involving favoritism or the appearance of favoritism that may stem from EMPLOYEE and EMPLOYEE B’s relationship should be brought to the attention of SUPERVISOR and the applicable Human Resources Manager.

**Acknowledgement**

I, EMPLOYEE, agree to this Conflict of Interest Management Plan, and understand that if circumstances change, it may need to be modified or amended in writing.I understand that by signing this Conflict of Interest Management Plan, I (1) certify that I have read and understand the Individual Conflict of Interest and Commitment Policy and the Nepotism Policy; (2) certify that I have completely and accurately disclosed all relevant information to the best of my knowledge; and (3) acknowledge my continuing obligation to complete and submit an annual Conflict of Interest and Commitment Disclosure Statement at any time during the year as it pertains to Conflicts of Interest and Conflicts of Commitment when there are any actual or anticipated significant changes in the circumstances giving rise to this Conflict of Interest Management Plan.

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| **Approved**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SUPERVISOR (Name): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Second Level SUPERVISOR (Name): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |