Employment of Relatives Authorization Form

When a potential final candidate has a relative who currently works for SLCC, this form must be completed and approved by proper line management <u>before</u> job offer is made. Please follow the steps below.

Contact HR at ext. 4210 if you have questions.

If all are marked No, College policy indicates that the candidate is permitted to hold the position without exception. The direct supervisor should sign and submit this form directly to HR.

If any of the above questions are marked Yes, College policy prohibits this final candidate from holding the position. However, if there are special circumstances where you feel an exception should be made, attach a memo with this form with detailed information of how the relatives will be managed. Then submit this form for required signatures. The form needs to be submitted through line management to the Cabinet Member for final approval, and in some circumstances, the President.

Date: _____ Final Candidate Name: _____

Title: _____ Relationship to Current Employee (see list below):_____

Campus & Bldg of Work: _____ Hours of Work:_____ Dept: _____
_{Include days and times}

Employment Status of the candidate (select one):

   F/T Staff   F/T Faculty   Adjunct   P/T Staff   Temporary   Work-study   Student (non-work-study)

Supervisor Name: _____ Title: _____

Current Employee Name: _____ Title:_____

Relationship to Final Candidate (see list below):_____

Campus & Bldg of Work: _____ Hours of Work:_____ Dept: _____
_{Include days and times}

Employment Status of the current employee (select one):

   F/T Staff   F/T Faculty   Adjunct   P/T Staff   Temporary   Work-study   Student (non-work-study)

Supervisor Name: _____ Title: _____

Does either position involve (please read carefully and read entire form):

YES   NO

         Work in close proximity, either as Administrative relationship or location?

         Hiring, promoting, allocating salary, assigning duties, arranging schedules, allocating equipment or facilities, treat matters which would involve discipline or termination (if one or more applies, select Yes)?

Supervisor Name & Signature:_____ Date:_____

Director/Dean/AVP Name & Signature: _____ Date:_____

Cabinet Member Name & Signature: _____ Date:_____

YES   Candidate is related to the person who is responsible for salary, wages, pay, or compensation <u>or</u> if a subordinate supervisor is a relative a superior at any level. President Signature is also required.

*President Signature: _____ Date:_____

Relationship between employees:

Aunt	Father-in-law	Mother	Sister-in-law
Brother	First Cousin	Mother-in-law	Son
Brother-in-law	Grandchild	Nephew	Son-in-law
Daughter	Grandparent	Niece	Uncle
Daughter-in-law	Husband	Sister	Wife
Father	(any of the above 'step' relatives are also included)		