EMPLOYMENT OF IMMEDIATE FAMILY MEMBER
HIRING REQUEST FORM

Instructions to Hiring Unit:

This form is designed to assist the campus in complying with the University’s Employment of Relatives policy (see the University of Illinois Statutes, Article IX, Section 2, which states:

No individual shall initiate or participate in institutional decisions involving a direct benefit (initial employment, retention, promotion, salary, leave of absence etc.) to a member of the individual’s immediate family. “Immediate family” includes an individual’s spouse, ancestors and descendants, all descendants of the individual’s grandparents, and the spouse of any of the foregoing.”

Please complete the information below and route this form for review and approval PRIOR to making an offer of employment, to Illinois Human Resources: IHR-LER@mx.uillinois.edu. (Note: Submitting a request after an offer has been made may delay the intended start date or result in the offer being rescinded.) Forms should be reviewed and submitted by Unit HR.

Note: This form should also be used in instances where a proposed employment action involving a current employee may create a conflict under this policy. This includes cases where an employee transfers to a new position in a College/Major Administrative Unit/Department in which a family member works (including the employee’s current College/Unit/Department) or receives new grant funding where a family member controls the funding. In those cases, any reference to “new hire,” “proposed new employee,” etc. should be understood to apply to the employee who is subject to the proposed change. Questions related to the hiring process/hiring decision should be answered as they pertain to the selection of the employee for the proposed employment action.

To Be Completed by the Hiring Unit:

Proposed New Hire Name: _____________________________

UIN (if applicable): ________________________________

Please complete the following about the proposed new employee:

<table>
<thead>
<tr>
<th>Department/Unit</th>
<th>Proposed Start Date/Change Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Employee’s Name</td>
<td></td>
</tr>
<tr>
<td>Proposed Employee’s Position Title</td>
<td></td>
</tr>
<tr>
<td>Proposed Employee’s Campus Address</td>
<td></td>
</tr>
<tr>
<td>Name of Proposed Employee’s Supervisor</td>
<td></td>
</tr>
<tr>
<td>Title of Proposed Employee’s Supervisor</td>
<td></td>
</tr>
<tr>
<td>Campus Address of Proposed Employee’s Supervisor</td>
<td></td>
</tr>
</tbody>
</table>
Please complete the following about the Relative of the proposed new employee:

<table>
<thead>
<tr>
<th>Department/Unit</th>
<th>Relative’s Name</th>
<th>Relative’s Position Title</th>
<th>Relative’s Campus Address</th>
<th>Name of Relative’s Supervisor</th>
<th>Title of Relative’s Supervisor</th>
<th>Campus Address of Relative’s Supervisor</th>
</tr>
</thead>
</table>

Please answer the following questions:

1. Is this a new position or a backfill?
   (Circle One) New Position Backfill

2. How did the proposed hire hear about the position? ____________________________________________

3. Who was involved in the hiring process, and who made the final decision to hire? ______________

4. Were there other applicants for the position? (Circle One) Yes No
   If yes, were other applicants interviewed? If no, why not? If yes, why was the family member chosen over other applicants? ____________________________________________

   If no, how long was the position posted and what was done to attempt to obtain more applicants?

   ____________________________________________

5. What is the reporting structure for both the proposed new hire and their family member? Please attach an org. chart.

   ____________________________________________

   ____________________________________________

   ____________________________________________
6. Is the reporting line being changed in order to manage the conflict? (Circle One) Yes  No

   If yes, please provide details: _________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

7. Is this position funded by a grant and/or gift funds? (Circle One) Yes  No

   If yes, please provide details (including who owns or controls the funding): ______________
   _________________________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

8. Explain the sound institutional reason why the conflict is not being avoided. ______________

   _________________________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

9. Is there any other information you would like to include? ________________________________

   _________________________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

Student Employees Only:

Is the applicant eligible for Federal Work Study? (Circle One) Yes  No  Unknown
The Proposed Hire/Employment Action Is:

☐ Approved, no conflict management plan needed.

☐ Approved, conflict management plan required.

☐ Denied

Reason for Denial: __________________________________________________________

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IHR Printed Name ___________________________ IHR Signature __________ Date __________

Questions regarding conflicts should be referred to Labor and Employee Relations, 333-3105 or IHR-LER@mx.uiuc.edu.