

## 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 <u>University of Illinois Statutes</u>, <u>Article IX</u>, <u>Section 2</u>, 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 <u>PRIOR</u> to making an offer of employment, to Illinois Human Resources: <u>IHR-LER@mx.uillinois.edu</u>. (**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Submitting a request after an offer has been made may delay the intended start date or result in the offer being rescinded.)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.

, ,		
Proposed New Hire Name:		
UIN (if applicable):		
Please complete the following about the proposed no	ew employee:	
Department/Unit		
Proposed Start Date/Change Effective Date		
Proposed Employee's Name		
Proposed Employee's Position Title		
Proposed Employee's Campus Address		
Name of Proposed Employee's Supervisor		
Title of Proposed Employee's Supervisor		
Campus Address of Proposed Employee's Supervisor		

To Be Completed by the Hiring Unit:



Please complete the following about the Relative of	f the proposed new employee:
Department/Unit	
Relative's Name	
Relative's Position Title	
Relative's Campus Address	
Name of Relative's Supervisor	
Title of Relative's Supervisor	
Campus Address of Relative's Supervisor	
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	n?
3. Who was involved in the hiring process, and who r	made the final decision to hire?
<b>4.</b> Were there other applicants for the position? (Ci If yes, were other applicants interviewed? If no, w other applicants?	hy not? If yes, why was the family member chosen over
If no, how long was the position posted and what v	vas done to attempt to obtain more applicants?
5. What is the reporting structure for both the proporg. chart.	posed new hire and their family member? Please attach an



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



Signatures:		
Employee Printed Name	Employee Signature	Date
Department Head Printed Name	Department Head Signature	Date
Employee's Relative Printed Name	Employee's Relative Signature	Date
Unit/Department HR Rep Printed Name	Unit/Department HR Rep Signature	Date
The Proposed Hire/Employment Action Is:  ☐ Approved, no conflict management plan needed.  ☐ Approved, conflict management plan required.		
□ Denied		
Reason for Denial:		
IHR Printed Name	IHR Signature	Date

Questions regarding conflicts should be referred to Labor and Employee Relations, 333-3105 or <a href="https://example.com/lines.edu">IHR-LER@mx.uillinois.edu</a>.