



**UNIVERSITY OF  
GEORGIA**

**Management Plan for Employment of Relatives**

**The UGA Employment of Relatives Policy**

The basic criteria for the appointment and promotion of UGA employees shall be appropriate qualifications and performance as set forth in the policies of the Board of Regents. Relationship by family or marriage shall constitute neither an advantage nor a disadvantage. No individual shall be employed in a department or unit that will result in the existence of a subordinate-superior relationship between such individual and any relative of such individual through any line of authority. As used herein, "line of authority" shall mean authority extending vertically through one or more organizational levels of supervision or management.

An approved management plan is required if an individual is to be assigned to a position that is in the line of authority of a relative who has or may have a direct effect on the individual's progress or performance. A management plan is also required when an individual already assigned to a position becomes a relative of a supervisor or subordinate.

**Form Instructions**

Complete this form in its entirety prior to submitting for approval. Incomplete forms will not be reviewed. Once complete, submit this form for approval to the head of the organizational unit (i.e., Dean or Director) and the Chief Human Resources Officer, regarding staff, or the Associate Provost for Faculty Affairs for faculty.

**Section I: Individuals Involved**

<b>Subordinate/Candidate</b>		<b>Supervisor/Candidate</b>	
Employee's Name:		Relative's Name:	
College/Department:		College/Department:	
Position Title:		Position Title:	
Direct Supervisor:		Direct Supervisor:	

**Nature of familial relationship:** \_\_\_\_\_

**Nature of employment relationship:** \_\_\_\_\_

## Section II: Management Plan

**Provide and outline of the reporting relationships that will ensure there will be no decision making based on relationship in evaluations, promotion, wages, hours, or other conditions of employment.**



**Describe the approval and review process for expenditures and travel that will eliminate any potential for actual or appearance of nepotism, conflict of interest, or conflict of commitment.**

**Acknowledgment**

*I accept and agree to the terms of this management plan.*

Subordinate/Candidate: \_\_\_\_\_  
Signature (required) Date \_\_\_\_\_

Supervisor/Candidate: \_\_\_\_\_  
Signature (required) Date \_\_\_\_\_

**Department Approvals**

Approved by: \_\_\_\_\_  
Print name of head of the organizational unit (i.e., Dean or Director) Date \_\_\_\_\_

\_\_\_\_\_  
Signature (required) Date \_\_\_\_\_

**Submit this form (including all signatures) with job descriptions for each employee and organizational charts to:**

For staff: Chief Human Resources Officer

For faculty: Associate Provost for Faculty Affairs

Approved by: \_\_\_\_\_  
Print Name Date \_\_\_\_\_

\_\_\_\_\_  
Signature (required) Date \_\_\_\_\_