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|  | **Near Relative Request Form** |
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**Requisition#**

**Appointment Type:**

Complete this form if the candidate has a near relative working for the University of California and the result of the hire would have one of the following circumstances:

* Both would work in the same office, building, unit or department.
* There is the potential for both to work in close proximity, projects and/or influence of grants.
* Both would have the same immediate supervisor.
* There would be a direct or indirect supervisory relationship to each other.
* One would have authority over salary, job duties, and other work activities of the UC Employee or vice versa.

Please review the near relative policy located at <http://policy.ucop.edu/doc/4010394>. Complete this form and return it to Human Resources. **Incomplete forms will be returned to the department.**

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| **Near Relative Candidate Information (individual to be hired)** | | |
| Candidate Name: | Hiring Department: | Candidate's Supervisor (Name) |
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| **UC Employee Information (relative currently working at UCSD)** | | |
| Name **and** Job Title: | Department: | UC Employee's Supervisor (Name) |
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| **Near Relative Candidate Justification** | | |
| a. Family relationship to UC Employee (i.e. spouse, domestic partner, parent, child, sibling, aunt, uncle, niece, nephew, first cousin, in-laws or step relatives including relatives of an employee’s domestic partner or persons for whom the current employee or candidate is legally responsible): | | |
| b. Please indicate “yes” or “no” if the candidate or current employee will work in the same unit/department/VC Area: If, yes, indicate which one and how the near relatives may interact in the work environment. | | |
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| c. Please indicate “yes” or “no” if the candidate or current employee will do one of the following: (Yes, requires justification & Chancellor approval):  - Have the same immediate supervisor.  - Have a direct or indirect supervisory relationship to each other.  - Have authority over salary, job duties, and other work activities of the UC Employee or vice versa. | | |
| d. If you answered “Yes” to c. above. Please provide a justification for the Chancellor to consider your request. | | |
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I hereby acknowledge the information provided is accurate to the best of my knowledge.

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| **CONFIRMATION/APPROVALS** | |
| Request by: | Date: |
| Vice Chancellor Endorsement | Date: |
| Chancellor Approval | Date: |
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