

Employment of Relatives Approval Form

UNIVERSITY of FLORIDA

Complete this form in its entirety prior to submitting for approval. Incomplete forms will not be reviewed.

Employee and Prospective Candidate Information

Current UF Employee	Candidate/Relative to be Hired
Employee's Name:	Relative's Name:
UFID:	UFID:
College/Department:	College/Department:
Position Title:	Position Title:
Direct Supervisor:	Direct Supervisor:
Building/Work Location:	Building/Work Location:
FTE:	FTE:
Relationship:	Relationship:
	Tentative Start Date:

Selection Process

Provide a justification why this candidate is uniquely qualified to fill this position.

Work Operations

Please select "Yes" or "No" to the questions below:	Yes	No
1. Will this employment action result in a subordinate-supervisor relationship?		
2. Will employees be working on/being paid from the same grant or sponsored research project?		
3. Will either employee have authority that will affect the terms and conditions of employment?		
4. Will either employee be responsible for processing personnel transactions?		
5. Will either employee have financial authority/responsible for processing financial transactions?		
6. Was a competitive recruitment conducted for this position?		

If **yes** to questions 1-5, please provide on a separate attached sheet the plan that will be put into place to mitigate risk, or if **no** for question 6, explain why no search was conducted.

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Approval Signatures

Current Employee Name	Signature	Date	Relative Name	Signature	Date
Supervisor	Signature	Date	Relative's Supervisor Name	Signature	Date
Vice President/Dean	Signature	Date	Additional College Approval (Optional)		Date

Contact Information

Please include your contact information in the event additional clarification is needed.

Department Contact Name	Phone	Email
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