



Human Resources Department

EMPLOYMENT OF RELATIVES & OTHER CLOSE RELATIONSHIPS FORM

This form identifies a close relationship between the individuals identified below:

Employee Name _____
Position Title

Relative/Close Relationship Name _____
Position Title

Relative/Close Relationship Status: _____

Is there a Supervisory Relationship: Yes No

Direct Supervisor's Information of the Employee:

Supervisor's Name _____
Title

Contact Information (email, phone number): _____

Please Read Carefully and Sign:

In accordance with the RCUH policy on the Employment of Relatives & Other Close Relationship, I ensure that the above relationship shall not inhibit or adversely affect the fair and equitable treatment of the other employees of the project. Evaluation of performance and professional competence shall be carried out objectively and fairly through committees and outside review as appropriate. Further, in the event of a supervisor-subordinate relationship between the above relatives, the supervisor shall disqualify himself/herself from all deliberations and actions affecting economic benefits to his/her relative and other actions where appropriate.

Acknowledged & Confirmed by:

Principal Investigator/Authorized Designee's Signature _____
Date

Principal Investigator/Authorized Designee's Name

Employee's Signature _____
Date

Relative/Close Relationship's Signature _____
Date

Approved/Not Approved:

Director of Human Resources or Designee _____
Date