Date:

Subject: Request to hire relative in the same department/division

The department of _____is requesting approval to hire the candidate below who currently has a relative employed within our department/division/college.

Candidate Information

Name: _____

Position Title:_____

Department/Division: _____

Supervisor: _____

Employed Relative

Name: _____

Position Title:_____

Department/Division: _____

Relationship: Please Select _____

Supervisor: _____

There will not be any supervisory line of authority (direct/indirect) between the candidate and the employed relative. Please see below for the appropriate work-related interaction:

- ○ These individuals may interact in a work-related capacity. However, the interaction will not violate the Nepotism policy.
- ○ These individuals will not have any work-related interaction.

Nepotism Management Plan required? ○ Yes ○ No (If yes, please attach prior to forwarding to next level.)

_____	_____	_____
(Supervisor of Position Print Name)	(Signature)	(Date)
_____	_____	_____
(Manager/Director level Print Name)	(Signature)	(Date)
_____	_____	_____
(Administrator/CNO level Print Name)	(Signature)	(Date)
_____	_____	_____
(Senior Leadership Member Print Name)	(Signature)	(Date)

Forward to UKHC Special Leaves and Nepotisms at ukhcspecleave@uky.edu.
DO NOT SEND DIRECTLY TO EVPHA.

_____	_____	_____
(EVPHA or Designee Print Name)	(Signature)	(Date)

HealthCare