



Employee and Organizational Development
Mail Code 206-85
Pasadena, CA 91125

Telephone: 626-395-6382
Fax: 626-744-1293

Nepotism Evaluation Form

Relatives, members of the same family or household, or persons with whom the employee has a personal relationship may be considered for employment. However, there are significant restrictions on their employment in the following circumstances:

- Such employment shall not result in the appearance of or create a conflict of interest. For example, such employment will not result in a direct reporting relationship.
No employee will seek preferential treatment or attempt to improperly influence the employment of a relative, including participating on a search committee if a relative is a candidate or providing grant funds for such employment.

Relatives are defined as any family member including but not limited to parents, spouses, domestic partners, children, brothers, sisters, in-laws, an individual with whom the employee has a significant personal relationship, any individual who is a member of the employee's household, or who cohabitates with the individual.

Please check the appropriate box(es): [] New Hire [] Current Employee [] Other _____

Your name

Name of your relative

Your Job Title

Relative's Job Title

Supervisor/Manager

Supervisor/Manager

Division/Department

Division/Department

Relationship

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1. Will this employment action result in a subordinate-supervisor relationship? YES NO

2. Will the employee work in the same department/division? YES NO

3. Will either employee have direct or indirect authority over the other that affect the terms and condition of employment (e.g. assignments, evaluation, promotion, leave, or disciplinary actions) as set forth in the Institute Policies? YES NO

If YES was answered to any of the questions above, describe what steps will be taken to minimize a conflict of interest or the appearance of a conflict of interest:

(Number any pages you attach to this statement)

I ACKNOWLEDGE THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT A MEMBER OF THE SAME FAMILY OR HOUSEHOLD MAY BE RECONSIDERED OR MODIFIED AT A FUTURE POINT, I SHALL REPORT THE CHANGE IN A TIMELY MANNER AS NOTED IN THE INSTITUTE'S PERSONNEL MEMORANDA PM 9 SEC. 4.1.

https://hr.caltech.edu/documents/2685/pm_09.pdf

Employee Name (Print Name)	Signature	Date
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Supervisor Name (Print Name)	Signature	Date
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Please submit completed form to Employee and Organizational Development, eod@caltech.edu. Once finalized, a copy of the form will be sent to both employees and respective supervisors.

Approved by: _____
 EOD Representative Date

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