

NEPOTISM DISCLOSURE FORM

County of Howard, Indiana

an Equal Opportunity Employer

Please answer all questions

Effective July 1, 2012 Indiana Code 36-1-20.2 specifies that relatives may not be employed by the County in positions that result in one relative being in the direct line of supervision of the other relative. An employee who is employed by the County as of June 30, 2012, is not subject to the nepotism provision unless the employee has a break in employment with this County in the future.

Direct line of supervision is defined as an elected officer or employee who is in a position to affect the terms and conditions of another individual's employment, including making decisions about work assignments, compensation, grievances, advancement, or performance evaluation.

Indiana Code defines relative to include a spouse; a parent or step-parent; a child or step-child; a brother, sister, step-brother, or step-sister; a niece or nephew; an aunt or uncle; a daughter-in-law or son-in-law; an adopted child; a brother or sister by half blood.

Please check the appropriate box: **New Hire** **Current Employee** **Special Project**

Name:

Department:

Job Title:

Relationship:

Name of Related Person:

Office Department:

Job Title:

(if related to more than one person, please list information and submit to Personnel)

1. Will this employment action result in a subordinate-supervisor relationship? Yes No
2. Will the employee work in the same department/office location? Yes No
3. Will either employee have authority over the other that will affect the terms and conditions of employment set forth in the Personnel Policies Handbook or Indiana Code 36-1-20.2? Yes No

I acknowledge the information I have provided is accurate to the best of my knowledge. In the event a relationship by blood or marriage, as defined above, is created or modified at a future point, I shall report the change within 15 working days of its creation. I understand that failure to disclose relationships upon request is grounds for discipline, including termination of employment.

Employee Name:

Date Submitted:

To be completed by Authorizing Official

Complete questions 4 and 5 only if the disclosure is related to a special project

- 4. Please describe the work the related person will be performing on the special project and why the related person is the appropriate person to perform such work. Also, explain who will be supervising the related person on the project and how the supervision will be managed.

- 5. Will the involvement of the related person result in a potential conflict of interest on the special project?
Yes No
(if yes, the conflict of interest must also be followed before the related person may work on the project)

Elected Official:

Title:

Date:

TO BE COMPLETED BY COUNTY COMMISIONER:

APPROVED

DENIED

APPROVED with the following conditions

Signature

Date