Illinois Human Resources
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

EMPLOYMENT OF IMMEDIATE FAMILY MEMBER HIRING REQUEST FORM

Instructions to Hiring Unit:

This form is designed to assist the campus in complying with the University's Employment of Relatives policy (see the University of Illinois Statutes, Article IX, Section 2, which states:

> *No individual shall initiate or participate in institutional decisions involving a direct benefit (initial employment, retention, promotion, salary, leave of absence etc.) to a member of the individual's immediate family. "Immediate family" includes an individual's spouse, ancestors and descendants, all descendants of the individual's grandparents, and the spouse of any of the foregoing."*

Please complete the information below and route this form for review and approval **PRIOR** to making an offer of employment, to Illinois Human Resources: IHR-LER@mx.uillinois.edu. (**Note:** Submitting a request after an offer has been made may delay the intended start date or result in the offer being rescinded.) **Forms should be reviewed and submitted by Unit HR.**

Note: This form should also be used in instances where a proposed employment action involving a current employee may create a conflict under this policy. This includes cases where an employee transfers to a new position in a College/Major Administrative Unit/Department in which a family member works (including the employee's current College/Unit/Department) or receives new grant funding where a family member controls the funding. In those cases, any reference to "new hire," "proposed new employee," etc. should be understood to apply to the employee who is subject to the proposed change. Questions related to the hiring process/hiring decision should be answered as they pertain to the selection of the employee for the proposed employment action.

To Be Completed by the Hiring Unit:

Proposed New Hire Name:_____

UIN (if applicable):_____

Please complete the following about the proposed new employee:

Department/Unit	
Proposed Start Date/Change Effective Date	
Proposed Employee's Name	
Proposed Employee's Position Title	
Proposed Employee's Campus Address	
Name of Proposed Employee's Supervisor	
Title of Proposed Employee's Supervisor	
Campus Address of Proposed Employee's Supervisor	

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Please complete the following about the *Relative* of the proposed new employee:

Department/Unit	
Relative's Name	
Relative's Position Title	
Relative's Campus Address	
Name of Relative's Supervisor	
Title of Relative's Supervisor	
Campus Address of Relative's Supervisor	

Please answer the following questions:

1. Is this a new position or a backfill?

(Circle One) **New Position** **Backfill**

2. How did the proposed hire hear about the position? _____

_____

3. Who was involved in the hiring process, and who made the final decision to hire?

_____

_____

4. Were there other applicants for the position? (Circle One) **Yes** **No**

If yes, were other applicants interviewed? If no, why not? If yes, why was the family member chosen over other applicants? _____

_____

_____

_____

If no, how long was the position posted and what was done to attempt to obtain more applicants?

_____

_____

_____

5. What is the reporting structure for both the proposed new hire and their family member? Please attach an org. chart.

_____

_____

_____

6. Is the reporting line being changed in order to manage the conflict? (Circle One) **Yes** **No**

If yes, please provide details: _____

_____

_____

_____

7. Is this position funded by a grant and/or gift funds? (Circle One) **Yes** **No**

If yes, please provide details (including who owns or controls the funding): _____

_____

_____

_____

8. Explain the sound institutional reason why the conflict is not being avoided. _____

_____

_____

_____

_____

9. Is there any other information you would like to include? _____

_____

_____

_____

_____

Student Employees Only:

Is the applicant eligible for Federal Work Study? (Circle One) **Yes** **No** **Unknown**

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Signatures:

_____ Employee Printed Name	_____ Employee Signature	Date
_____ Department Head Printed Name	_____ Department Head Signature	Date
_____ Employee's Relative Printed Name	_____ Employee's Relative Signature	Date
_____ Unit/Department HR Rep Printed Name	_____ Unit/Department HR Rep Signature	Date

The Proposed Hire/Employment Action Is:

☐ Approved, no conflict management plan needed.

☐ Approved, conflict management plan required.

☐ Denied

Reason for Denial: _____

_____

_____

_____

_____ IHR Printed Name

_____ IHR Signature Date

Questions regarding conflicts should be referred to Labor and Employee Relations, 333-3105 or IHR-LER@mx.uillinois.edu.

Last modified: 05/23/2024