AG-722 (11/24)
Texas A&M AgriLife
Administrative Services

Nepotism Disclosure Form

Complete one form for each covered relative disclosed

Texas A&M University System Policy 07.05 - Nepotism states that employees shall not approve or confirm a covered relative's appointment, reappointment, employment, reemployment, change in status, compensation, or discipline, including dismissal.

Texas A&M AgriLife may employ an employee's covered relative if two conditions are met:

1. Neither relative has direct or indirect supervision of the other. Degrees of Relationship Listing
2. The Director has authorized the employment in writing, including a determination that the covered relatives' supervision complies with the policy. (Completion of this form)

Section 1 Contact:

Unit/Department:_____

*HR Unit/Department Contact:*_____ *Email:*_____

Section 2 Related Parties:

Employee/Applicant:	*Department or Unit*	Choose an item *AgriLife Entity*
Current System Employee	*Relationship*	*TAMUS Member*

HR Unit Contact or Hiring Manager to Complete All Other Sections Below Line

☐ Yes ☐ No *Will either employee have authority over the other that will affect the terms and conditions of employment (i.e., assignments, evaluation, compensation, promotions, leave, disciplinary actions, or terminations)?*

***If "Yes" complete section 4.**

Section 3 Research Compliance:

***If the employee or covered relative is involved in research, complete this section.**

☐ Yes ☐ No *Will allowing this individual to work on the project result in a subordinate–supervisor relationship?* ***(If "Yes" complete section 4)***

☐ Yes ☐ No *Will this individual be paid by a sponsored project?*

☐ Yes ☐ No *Will either employee have authority over the other regarding the evaluation and assessment of the other's work?*

☐ Yes ☐ No *Will either employee have any influence over the published research results?*

Project Name	*Sponsor*	*Maestro Identification Number*

If you need to list additional research projects, please see the bottom of page 2

Please describe the work the related person will do on the sponsored 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.

Section 4 New Structure of Supervision:

Complete this section if an alternate supervisory arrangement is needed

Employee/Applicant: _____ _____ _____
Name | *Department or Unit Head* | *Recommended Supervisor*

Covered Relative: _____ _____ _____
Name | *Department or Unit Head* | *Supervisor*

Additional Notes: _____

_____

_____

Unit/Department Head Approval: _____ _____
Department or Unit Head Signature | *Date*

***Send completed form to AgriLife Ethics and Compliance for review at nepotism@ag.tamu.edu**

Section 5:

Ethics and Compliance Use Only:

No CEO Approval Needed: ☐ *Relative employed by other system member* ☐ *Other:* _____

_____

Nepotism Identified: ☐ *Route to Director for approval*

_____

_____

Section 6 Approval:

The employment of the above covered relatives is authorized, and the arranged supervision complies with Texas A&M System Policy 07.05 *Nepotism* and AgriLife procedure.

CEO Approval: _____ _____
CEO/Designee Signature | *Date*

***Ethics and Compliance: Return approved form to unit contact in Section 1.**

***Unit Contact: Place a copy of the form for each relative in Work in Progress – Payroll in Laserfiche.**

Additional Research Projects:

_____ _____ _____
Project Name | *Sponsor* | *Maestro Identification Number*

Describe the work to be performed and explain how any "Yes" answers in Section 3 will be mitigated.

_____

_____ _____ _____
Project Name | *Sponsor* | *Maestro Identification Number*

Describe the work to be performed and explain how any "Yes" answers in Section 3 will be mitigated.

_____