**Conflict of Interest Management Plan**

According to Penn State Policy [HR59](https://policy.psu.edu/policies/hr59), the existence of evaluative or supervisory responsibilities among individuals who have a familial relationship and requires immediate disclosure and the development of a management plan to address any conflicts of interest related to their relationship and any perceptions of bias or favoritism by others. This form provides the essential information to be contained in such a plan. The supervisor should meet with the individuals, develop this plan, gather their signatures, and submit the plan to the Dean for final approval.

Please provide a response to each of the categories below:

1. **Names, titles (if student, degree sought), and employee/student number.**

Employee/Student:

Supervisor/Evaluator:

1. **Area(s) of conflict of interest (e.g., course enrollment, thesis committee membership, direct supervision/evaluation of employment, admissions decision, research collaboration).**

Text

1. **Immediate steps to be implemented to remove the evaluative/supervisory capacity of the relationship, including the details of all alternative arrangements to be made.**

Text

1. **A specific timeline for plan implementation.**

Text

1. **Individual responsible for monitoring  the effectiveness of the plan, receiving any concerns regarding plan effectiveness (from parties involved in the plan or from others), and determining any needed modifications to the plan as appropriate. The unit administrator is responsible for approving any changes to the plan.**

Text

1. **University resources/support for all parties involved in the relationship.**

Either party in this agreement can discuss the agreement or concerns arising with the Dean or the Human Resources Strategic Partner at any time.

Name of Employee/Student:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor/Evaluator:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Designated Representative for XXXXX

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor of Record:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_