# **Conflict of Interest Management Plan For FAmilial relationships**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Add Text

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

Add Text

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

Add Text

## **The individual who is 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.**

Add Text

## **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dean of the College of Earth and Mineral Sciences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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