



Consensual Relationship and/or Nepotistic Relationship Disclosure and Mitigation Form

Consensual Relationships among employees of the University of Wisconsin–Madison are governed by the following policies:

- [Regent Policy Document 14-8 Consensual Relationships](#)
- [UW-5048 Consensual Relationships](#)

Nepotism among employees of the University of Wisconsin–Madison is prohibited by:

- [WI Admin Code UWS 8.03\(3\)](#) (for Faculty, Academic Staff and Limited Appointees)
- [Regent Policy Document 20-22 \(III\)\(C\)\(2\)\(e\)](#) (for University Staff)
- [UW-5046 Nepotism](#) (applies to all UW–Madison employees)

Section A- Completed by Employee

EMPLOYEE INFORMATION		
Employee Name:	Title:	
Employee ID:	Department/Work Unit:	
Date of form submission:		
SECOND PARTY INFORMATION		
Second Party Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Contractor/Other	<input type="checkbox"/> I exercise supervisory, advisory, evaluative or other authority over this individual.
Second Party Job/Title:	Second Party Department/Work unit:	
Status of Relationship: <input type="checkbox"/> Past Relationship (End date:) <input type="checkbox"/> Current Relationship		

Describe the nature of the relationship with the second party (e.g. Dating/Romantic or Physical Intimacy/Sexual Relationship, Married/Immediate Family Member*/ etc.):

**Immediate Family Member includes an employee’s spouse; domestic partner; any relative by marriage, consanguinity or adoption; and/or any person who receives, directly or indirectly, more than one half of their support from a UW Madison employee or from whom a UW Madison employee receives, directly or indirectly, more than one half of their support.*

Employee signature:

Date form submitted:

Section B- Completed by Employee’s Supervisor or Designated HR Representative

Name of Supervisor/HR Representative:

Date of interview with employee:

Date of interview with second party:

For Consensual Relationships: the second party **DOES** **DOES NOT** confirm that the relationship is fully consensual and that the second party does not feel any coercion or influence based on their employment relationship with the employee.

The employee **DOES** **DOES NOT** participate, formally or informally, in the decision to hire, retain, grant tenure to, promote or determine the salary of the second party.

The employee **DOES** **DOES NOT** exercise supervisory, advisory, evaluative or other authority over the second party.

Section C- Completed by Employee’s Supervisor or Designated HR Representative

Conflict of Interest/ Abuse of Authority Mitigation Plan (if necessary):

In the space below, describe the steps to be taken by school/college/division within UW–Madison, the employee and the second party to mitigate any conflict of interest, adverse effects or potential abuse of authority arising from the disclosed relationship, in accordance with the policy requirements listed at the top of this form.

If applicable, include the name(s) and title(s) of the appointed individual(s) to exercise supervisory authority or participate in decision-making with respect to employment actions as described in Section B above.

***Reminder:** an employee is not allowed to participate in the decision to hire, retain, promote or determine the salary of a member of their immediate family.

Section D- Acknowledgements (sign only after Section C is completed)

Employee signature:	Date:
Second Party signature:	Date:
Supervisor signature:	Date:
HR signature:	Date:
Dean/Director/Designee signature:	Date:
<p>My signature above indicates that that I have read the mitigation plan in Section C and that I agree to abide by the conditions of the plan. I further understand that this plan may be updated by the University of Wisconsin–Madison at any time based on a change in circumstances or any other reasonable basis.</p>	