

Wake Forest University  
**Workplace Relationship Disclosure Form**

It is the policy of Wake Forest University to ensure that relationships in the workplace do not raise concerns about favoritism, bias, ethics or conflict of interest. Please refer to the **Consensual Relationships Policy** for details on workplace relationships that require disclosure, and for definitions of *Consensual Relationship*, and *Supervisory Relationship*. Please refer to the **Nepotism Policy** for definition of and for details on family relationships that require disclosure.

For new hires, this form must be submitted and an exception approved prior to an offer of employment. For current staff/faculty, the form must be submitted within 30 days of the development of the relationship.

**Check the Appropriate Box:**  New Hire  Current Faculty/Staff Disclosure of Relationship

<b>Complete this Section for Supervisor Relationships</b>	
Name /Title of Supervisor _____	
Name /Title of Direct Report Faculty/Staff Member _____	
Department _____	
Nature of Relationship: <input type="checkbox"/> Family Member <input type="checkbox"/> Consensual Relationship	
_____	_____
Supervisor Signature / Date	Direct Report Faculty/Staff Member Signature /Date

<b>Complete this Section for Family Relationships</b>	
Name /Title of Faculty/Staff Member _____	
Department _____	
Name /Title of Family Member _____	
Nature of Relationship: <input type="checkbox"/> Reporting Relationship Exists <input type="checkbox"/> Reporting Relationship Does Not Exist	
_____	_____
Supervisor Signature / Date	Direct Report Faculty/Staff Member Signature /Date

<b>Complete this Section for Student Relationships</b>	
Name /Title of Faculty/Staff Member _____	
Department _____	
Name of Graduate or Undergraduate* Student _____	
School of Study _____	
Nature of Relationship: <input type="checkbox"/> Family Member <input type="checkbox"/> Consensual Relationship	
<b>*Only a pre-existing relationship is permissible</b>	

**To be completed by Human Resources/Conflict of Interest Office**

No conflict of interest exists \_\_\_\_\_

Responsibilities assigned to alternate department leader: \_\_\_\_\_

\_\_\_\_\_

Action to minimize or remove conflict of interest: \_\_\_\_\_

\_\_\_\_\_

HR/ Conflict of Interest Signature \_\_\_\_\_ Date \_\_\_\_\_