

North Carolina A&T State University
Division of Human Resources

NEPOTISM CERTIFICATE

This form and organization chart(s) must be submitted and approved as noted below. If related/affiliated to more than one person, attach separate form for each individual relationship.

- Permanent EHRA and SHRA new hires/rehires, attach documents to PeopleAdmin Hiring Proposal
- Current SHRA/EHRA employees, temporary applicants, unpaid volunteers, interns and visiting scholars, submit documents via email to hr@ncat.edu.

Please refer to the university's Anti-Nepotism Policy [North Carolina A&T State University Anti-Nepotism Policy](#)

		Today's Date:	
TYPE OF REQUEST:	<input type="checkbox"/> New Hire/Rehire <input type="checkbox"/> Organizational Change <input type="checkbox"/> New Relationship/Close Affiliation <input type="checkbox"/> Audit Review		
PROPOSED/CURRENT APPOINTEE INFORMATION			
Paid Position Status and Type (if applicable):		Unpaid Position Type (if applicable):	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> SHRA <input type="checkbox"/> EHRA Non-Faculty <input type="checkbox"/> EHRA Faculty		<input type="checkbox"/> Unpaid Volunteer <input type="checkbox"/> Unpaid Visiting Scholar <input type="checkbox"/> Unpaid Intern	
Full Name:			
Position Number (if applicable):		Position Title:	
Supervisor Name:		Supervisor Position Title:	
Department:			
RELATED/CLOSELY AFFILIATED PERSON'S INFORMATION:			
Full Name:			
Position Name (if applicable):		Position Title:	
Department:			
Type of Relationship:			
DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE CERTIFICATION AND APPROVAL:			

I attest the proposed/current appointment will not result in a relative (or closely affiliated person) supervising or having any influence over the other relative's employment, promotion, salary administration, other related management or personnel decisions, or in any violation of the subject policy.

Name of Department Head or Authorized Department Representative

Signature of Department Head or Authorized Department Representative

Date

OFFICE OF HUMAN RESOURCES CERTIFICATION AND APPROVAL:

Name of Human Resources Authorized Representative

Signature of Human Resources Authorized Representative

Date