

# MEMO

TO: Conflict of Interest (COI) in Employment Committee

FROM: [Name, Title, Department/College/Org]

DATE: [MM/DD/YYYY]

RE: Management Plan for [AAA Name] and [BBB Name]

The [Unit/Department] of [College/Division] has identified that [AAA Name/Title] and [BBB Name/Title] have an external [personal/professional] relationship that creates a conflict of interest in employment and requires a management plan.

**[Provide the Sound Institutional Reason why the Conflict of Interest is being managed]:**

*Include a description of unique skillset(s), business needs, and other relevant information explaining why the conflict is being managed rather than avoided. Please describe any other management mechanisms considered to address this conflict and explain why the proposed management plan was selected.*

# Description of the Conflict of Interest:

*Provide a description of the conflict of interest that the plan addresses, including a description of the external relationship and the University structures that create the conflict:*

# Description of the Reporting Structure(s):

*Provide a description of the reporting structure(s) and decision-making authority, including names and titles, proposed to eliminate a real or perceived conflict related to hiring, salary, resource allocation including grant funding, working conditions, working responsibilities, evaluation, promotion, and termination decisions. Additionally, describe the qualities or ability of the alternative supervisor to provide oversight to the conflicted party:*

# Letter or Memo of Notification

*Include* [*a Memo of Notification*](https://hr.uiowa.edu/sites/hr.uiowa.edu/files/2025-03/Template%20-%20Nepotism%20MEMO%20of%20Notification_Final.pdf) *that will be provided when the plan is implemented and annually thereafter to staff, faculty, and if appropriate, students who might be in a position to be affected by the conflict of interest.*

University HR will initiate and request an annual written review of the plan (in certain cases, the committee may request a written review prior to one year following the approval date) to the senior HR leader of the unit or department regarding the effectiveness of the management plan. The [College/Division] acknowledges and agrees to provide this review at least annually to University HR.

The signatures below indicate approval of the proposed management plan and acknowledge responsibility to promptly implement the management plan.

***University official and department approval signatures must be obtained prior to submitting the plan for committee review.***

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**Department Approval Signature** **Date**

[Name]

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**Dean/VP or designee** **Date**

[Name]

The signatures below indicate that the Associated Individuals acknowledge receipt and understanding of the management plan:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Associated Individual 1 Signature Date**

[AAA Name]

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**Associated Individual 2 Signature** **Date**

[BBB Name]

# Organizational Charts

Include organizational charts (before and after implementation of the management plan) of the immediate unit or area including all relevant student employees, staff, and faculty. Send the org charts in a separate document from this template. Submit the charts at the same time as the additional contents management plan are submitted.

* The Before chart should display the supervisory relationship that would exist if the two Associated Individuals did not have an external relationship (pre-management plan)
* The After chart should display the proposed future supervisory relationships for the two Associated Individuals (post-management plan)