

COIE (Nepotism) Management Plan

MEMO

To: Conflict of Interest (COI) in Employment Committee

From:

Date:

Associated Individual #1:

Title:

Associated Individual #2:

Title:

Department:

College/Org:

The associated individuals named above have been identified as having an external relationship that creates a conflict of interest in employment and requires a management plan.

Why Conflict is Being Managed (Sound Institutional Reason):

Description of Conflict:

Description of Reporting Structure:

**Conflict of Interest in Employment
Management Plan Organization Charts**

Before and After:

COIE Memo of Notification Template

MEMORANDUM

TO: All Personnel Involved in the _____ of _____
_____ and _____

FROM:

RE: Conflict of Interest Management Plan

As you may or may not be aware, _____ and _____
_____ have a personal relationship in addition to their professional relationship. In accordance with University policy, we have developed a conflict-of-interest management plan in recognition of the potential problems that can arise when related individuals work in a supervisory or otherwise hierarchical relationship to each e.g., grant, PI and Investigator.

This memo is to inform you that we have established a plan to oversee and review this situation at least annually. The _____, will seek out your feedback on the functioning of the _____ whether any problems exist related to the conflict-of-interest situation and the effectiveness of the management plan.

In addition, if you have any questions or concerns about the impact of the conflict-of-interest situation on your work or the functioning of the _____ in general, you should feel free at any time throughout the year to address these concerns to _____ as appropriate. You may also address these concerns to an external party by emailing UHR-eCOI@uiowa.edu.

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 _____ 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. Associated individual signatures may be obtained after plan approval.

Department Approval Signature
[Name]

Date

Dean/VP or designee
[Name]

Date

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

Associated Individual 1
[Name]

Date

Associated Individual 2
[Name]

Date