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 [personal/professional] 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

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Before and After:

COIE Memo of Notification Template

MEMORANDUM

TO: All Personnel Involved in the [units/grants/labs] of and

FROM:

RE: Conflict of Interest Management Plan

As you may or may not be aware, have an external 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 [Dean's office, the Department, Chair of Associated Individuals, etc.] , 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 [DEO, Departmental HR Representative, Associate Dean for Faculty etc.] 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 **Date**
[Name]

_____ _____

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 **Date**
[Name]

_____ _____

Associated Individual 2 **Date**
[Name]