



**Workplace Alternative  
Arrangement Agreement**

In accordance with Ohio University Policy 40.107, this Agreement must be executed whenever a family relationship exists between University employees that work with or under the immediate supervision of one another. This agreement shall identify the family relationship, place the impacted employees on notice of Ohio University Policy 40.107, and shall establish the formal steps that must be taken to ensure that a conflict of interest does not exist or develop in compliance with university policy and Ohio Revised Code. A copy of this Agreement shall be placed in the personnel files of all impacted employees. This agreement shall be a public record in accordance with the Ohio Revised Code.

The following university employees have been identified, for purposes of Ohio University Policy 40.107, as family members that work under the immediate supervision of one another: **(former supervisor / employee / family member and Position / Department)** and **(employee / family member and Position / Department)**. Formal steps must be taken to ensure that a conflict of interest does not emerge surrounding this family relationship.

Effective immediately, **(former supervisor / family member)**, given his/her responsibilities as **(position title)** position in **(Ohio University Department)**, shall no longer hold supervisory responsibilities over **(employee / family member)**. **(Former supervisor / employee / family member)** must refrain from making or influencing any decisions concerning personnel matters such as to hire, promote, reclassify, supervise, direct, evaluate, make a salary recommendation, assign work or resources, approve leave requests, give any benefit, or terminate employment and other actions that may result in direct personal benefit to **(employee/family member)**. As a result, I am reassigning the duties of supervision of **(employee / family member)** to **(new supervisor / non-family member)**.

**(Employee)**, effective immediately, you will report to **(new supervisor / non-family member)** who will be responsible for all decisions related to personnel matters that affect the terms and conditions of your employment. If you have any questions related to any of these items, please discuss them with **(new supervisor / non-family member)** directly.

**(New supervisor / non-family member)**, effective on the date of this agreement, you will assume supervisory responsibilities for **(employee / family member)**. In this role, you should not consult or discuss any employment action concerning **(employee / family member)** with **(former supervisor / employee / family member)**.

By signing below, you hereby acknowledge you have read and understand Ohio University Policy 40.107, you have read and understood the nature of the above conditions and you agree to abide by them so long as you are in your current positions and roles.

Employee/Family Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Former Supervisor/Family Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_