Consensual Relationships
Exemption Request

To request an exemption under System Regulation 07.05.01, Consensual Relationships:

1) Employee completes the following and routes for approval through their supervisory chain (department head, dean/AVP, VP).
   a. The names of both individuals;
   b. Employee’s department/work location;
   c. Undergraduate’s major/Employee’s department/Third party affiliation;
   d. Reason for exemption or alternative arrangements; and
   e. Signature of both individuals

2) The appropriate vice president will review and make a determination about an exemption and forward their decision to Employee Services. Employee Services will notify the employee and supervisor, and will retain a copy of the signed authorization in the employee’s personnel file.

Employee Name: ______________________________________
Employee UIN: ______________________________________
Employee Department: ______________________________________
Employee Work Location: ______________________________________
Other Party Involved: ☐ Undergraduate Student ☐ Employee ☐ Third Party
Name: ______________________________________
Student ID/Employee UIN (if applicable): ______________________________________
Major/Department/Affiliation: ______________________________________
Campus/Work Location: ______________________________________
Reason for exemption/Alternative arrangement (attach additional pages if needed):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(over)
I certify that there is no actual or perceived power that creates the potential for any of the following:

a. a conflict of interest;
b. allegations that the relationship resulted from coercion, exploitation and/or harassment; or
c. allegations of favoritism and/or unfair treatment.

_______________________________________  ____________  
Employee Signature      Date

_______________________________________  ____________  
Student/Employee/Third Party Signature   Date

Approved:

_______________________________________  ____________  
Employee Supervisor      Date

_______________________________________  ____________  
AVP/Dean       Date

_______________________________________  ____________  
Vice President       Date

Denied:

Reason for denial:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

_______________________________________  ____________  
Signature       Date

Return to Employee Services. A copy of signed document will be placed in the employee file and the student file if a student employee.