**UNIT TITLE**

**Mitigation Plan of a Consensual Relationship**

**related to the following position**

**JOB TITLE**

**DATE**

**GOAL:** The goal of this plan is to prevent actual and perceived conflicts of interest and the possibility for exploitation or favoritism as the result of hiring or having an individual within the supervisory chain of command of another individual with whom he/she is engaged in a consensual relationship.

**ORGANIZATIONAL STRUCTURE:** Please see the attached organizational chart in place prior to this mitigation plan for reference. The proposed supervisory relationship post mitigation plan is as follows:

LIST RELEVANT EMPLOYEES AND NEW PROPOSED SUPERVISORY RELATIONSHIP

Any concerns or complaints related to actual or possible workplace issues connected to this relationship may be reported to and will be addressed by the TITLE AND NAME. The TITLE is also responsible for reporting any actual issues to the Human Resources Representative for the UNIT NAME, SWS CONTACT NAME OR ACADEMIC PERSONNEL SERVICES IF FACULTY), and the OTHERS AS APPROPRIATE.

Both individuals will be provided the following relevant UT Austin policies:

* Handbook of Operating Procedures 3-3050

[Consensual Relationships](https://policies.utexas.edu/policies/consensual-relationships)

* Handbook of Operating Procedures 5-2010

[Individual Conflicts of Interest](https://policies.utexas.edu/policies/individual-conflicts-interest)

* Handbook of Operating Procedures 3-3031

[Prohibition of Sexual Discrimination, Sexual Harassment, Sexual Assault, Sexual Misconduct, Interpersonal Violence, and Stalking](https://policies.utexas.edu/policies/prohibition-sexual-discrimination-sexual-harassment-sexual-assault-sexual-misconduchttps://policies.utexas.edu/policies/prohibition-sexual-discrimination-sexual-harassment-sexual-assault-sexual-misconduct)

**WORK ASSIGNMENTS & DUTIES:** DESCRIPTION OF HOW WORK DUTIES WILL BE MANAGED AND DETERMINED

* All work assignments and duties will be directed by TITLE(S) AND NAME (S) in alignment with their current job descriptions with no direct or undue influence from the TITLE AND NAME OF INDIVIDUAL IN THE HIGHER LEVEL POSITION.
* Any questions/concerns related to work assignments and duties (including scheduled work hours, shift assignments, overtime pay opportunities, paid and unpaid leave approvals, training opportunities, business travel, etc.) may be directed up the normal chain of command with no direct or undue influence from the INDIVIDUAL IN THE HIGHER LEVEL POSITION, NAME. Requests for approval will be directed to NAME, TITLE.

**PERFORMANCE MANAGEMENT:** DESCRIPTION OF HOW PERFORMANCE WILL BE REVIEWED, EVALUATED, AND MANAGED. INCLUDE STATEMENT THAT EVALUATIONS WILL CONDUCTED AND ANY NECESSARY DISCIPLINARY ACTION WILL BE TAKEN IN ACCORDANCE WITH UT AUSTIN POLICIES, INCLUDING:

* Handbook of Operating Procedures 5-2420

[Policies and Procedures for Discipline and Dismissal of Employees](https://policies.utexas.edu/policies/policies-and-procedures-discipline-and-dismissal-employees)

* Handbook of Operating Procedures 2-2151

[Annual Evaluation of Faculty](https://policies.utexas.edu/policies/performance-evaluation-policy-classified-personnel-and-non-faculty-professional-staff)

* Handbook of Operating Procedures 2-2150

[Comprehensive Periodic Evaluation of Tenured Faculty](https://policies.utexas.edu/policies/comprehensive-periodic-evaluation-tenured-faculty)

AS APPROPRIATE, INCLUDE INFORMATION REGARDING ANNUAL EVALUATIONS (WHO WILL CONDUCT AND REVIEW); HOW DECISIONS REGARDING PROMOTIONS AND DEMOTIONS WILL BE MADE; AND, HOW ANY ISSUES RELATING TO JOB PERFORMANCE WILL BE ADDRESSED.

INCLUDE STATEMENT THAT NEITHER RELATIVE WILL EXERT INFLUENCE ON ANY CORRECTIVE ACTION DETERMINED TO BE APPROPRIATE FOR THE OTHER, NOR BE INCLUDED IN ANY STEPS OF THE CLOSE RELATIVE’S GRIEVANCE PROCESS.

**ANNUAL REVIEW OF MITIGATION PLAN:** This mitigation plan will be reviewed on an annual basis by NAME (s) and TITLE (s) with the goal of determining whether any adjustments need to be made and/or whether the plan is still needed. Any adjustments to the plan need to be approved by the undersigned in connection with the SWS CONTACT NAME OR ACADEMIC PERSONNEL SERVICES IF FACULTY) with the final version sent to the Office for Inclusion and Equity (OIE) for record-keeping.

Signing below indicates the undersigned have read and understood this plan including relevant, noted policies.

Once signed, a copy of this plan will be sent to OIE for record keeping.

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

Name Date Name Date

Title Title