



**CONSENSUAL AND FAMILIAL RELATIONSHIP
NOTIFICATION**

Today's Date:		
	NAME	WIN#
Notifying Person:		
Is Notifying Person an Employee?	YES	NO
Is Notifying Person a Student?	YES	NO
Notifying Person's phone number:		
Notifying Person's email address:		
If an Employee, provide Position title:		
If an Employee, provide Department name:		
If an Employee, provide Supervisor's name:		

Identify Type of Relationship: (Check one)

Consensual Relationship (This is any amorous or romantic relationship, including but not limited to sexual and dating relationships, or other close personal relationship the nature of which could adversely affect an employee's impartiality. This includes a past amorous or romantic relationship that does not currently exist.)

Familial Relationship (This is any relationship between an employee and another member of the Washburn community based on kinship or based on an individual's status as a household member or ward of an employee.)

If Familial please check one of the following:

Kinship, as I am the _____ (type of relation)

(Kinship means a spouse, parent, child, or sibling; a sibling, as denoted by the prefix "half"; a parent, child, or sibling as denoted by the prefix "step"; a foster child; a nephew, niece, uncle, or aunt; any parent or child of a preceding or subsequent generation, as denoted by the prefix of "grand" or "great"; or, a parent, child, or sibling related by marriage as denoted by the suffix "in-law.")

Household Member (A person having legal residence in or living in the officer's or Employee's place of residence.)

Ward (A person who is under a guardian's charge either permanently or temporarily.)

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Identify Length of Time in Consensual or Familial Relationship: _____/years OR _____/months

Status of Relationship: (Check one)

Current (active)

Past (not active)

Name of other Person in Relationship:		
Is other Person in Relationship an Employee?	YES	NO
Is other Person in Relationship a Student?	YES	NO
Please provide phone number of other Person in Relationship (if known):		
Please provide email address of other Person in Relationship (if known):		
If other Person is an Employee, provide Department name (if known):		
If other Person is an Employee, provide Supervisor's name (if known):		
If other Person is an Employee, provide name of Area Head (if known):		
Are you a Supervisor or in a Position of Authority over the other Person in Relationship?	YES (please explain)	NO
Is the other Person in Relationship a Supervisor or in a Position of Authority over you?	YES (please explain)	NO

In situations where a mitigation plan is appropriate, please include any additional information or suggestions which you would like considered:

Return completed form to Director of Human Resources, teresa.lee@washburn.edu