University of Connecticut
AMOROUS RELATIONSHIPS DISCLOSURE

"Amorous relationships" are defined as intimate, sexual, and/or any other type of amorous encounter or relationship, whether casual or serious, short-term or long term. A faculty member, staff member, or graduate student who is or becomes involved in an amorous relationship with a student in violation of the Policy Against Discrimination, Harassment, and Related Interpersonal Violence ("Policy") must disclose the relationship immediately to the Office of Institutional Equity ("OIE") or the Office of Faculty and Staff Labor Relations ("OFSLR"). A University employee who is in, or enters into, an Amorous relationship with another employee or graduate student over whom s/he has supervisory, decision-making, oversight, evaluative, or advisory responsibilities, must disclose the existence of the relationship immediately to the Office of Institutional Equity and/or the Office of Faculty and Staff Labor Relations. In consultation with appropriate University administrators, the relevant dean or vice president will determine whether the conflict of interest can be eliminated. The final determination will be at the sole discretion of the relevant dean or vice president.

This form is intended to assist employees and their managers with meeting the above-cited requirements of the Policy Against Discrimination, Harassment, and Related Interpersonal Violence.

To Complete the Form:

1. Employee – complete section 1 and provide a copy to OIE or OFSLR
2. OFSLR – complete section 2 in consultation with the appropriate Senior Manager(s) and other relevant administrative staff including OIE and OACE.

Section 1 DISCLOSURE

1. Name of student or employee with whom you have a relationship. For relationships with students, please indicate student standing (i.e. undergraduate student, graduate student, law student, etc.):

   _____

2. Please describe the nature of the relationship:

   _____

3. Description of Supervision or Authority over Individual identified above, if any.

Employee Signature: _____   *Date:* _____

Print Name: _____

Section 2 CONFLICT RESOLUTION PLAN

Duties Assigned to: _____

Action taken to resolve conflict:

OFSLR Signature: _____ *Date:* _____

Print Name: _____

Senior Manager's Signature: _____ *Date:* _____

Print Name: _____

Copy to: OIE
               Senior Manager
               Employee