

**University of Wisconsin-La Crosse**  
**Grant Proposal-Special Personnel Approval Request Form**

UW-La Crosse ensures that campus practices do not create situations such as conflicts of interest or favoritism. This extends to practices that involve employee hiring, promotion and transfer. Close relatives (including husband, wife, father, mother, father-in-law, mother-in-law, grandfather, grandmother, son, son-in-law, daughter, daughter-in-law, uncle, aunt, nephew, niece, brother, sister, brother-in-law, sister, sister-in-law, step relatives and cousins), domestic partners, those in a dating relationship or members of the same household are not permitted to be in positions that have a reporting responsibility to each other.

Special cases may occur where grant funding requires the PI to create a team with special skills to fulfill the work of the grant, and the best qualified personnel may be a spouse or partner (or other close family member) with specific professional expertise that is not readily available. In that case, **with advance campus review and approval prior to submitting the grant proposal**, terms and conditions may be outlined that would allow a short-term employment of a spouse or partner with campus oversight. It is expected that these cases would be rare and determined on a case-by-case review. Review for approval of such a request will be made by completing this **Grant Proposal Special Personnel Approval Request Form** as part of the grant proposal packet submitted to the Grants Office for review and approval prior to external submission.

**COMPLETED BY PI:** To fulfill the requirements of the referenced grant proposal, I am requesting permission to hire a close relative to work on the grant with me because of that person's special credentials, knowledge or skills which are not readily available in other persons in this area.

**Grant Funding Agency & Title:**

**PI Name:**

**Title:**

**Dept/Unit:**

**Requested Hire:**

**Relationship to PI:**

**UW-L Employee:**

**Please describe the specific credentials, skills or knowledge that uniquely qualifies this person to work on this grant:**

**Projected Work**

**Start date:**

**End date:**

**Salary:**

**Describe method used to determine salary, including any consultation with UW-L administration (HR):**

**Your plan for ensuring there is no conflict of interest, favoritism, etc.:**

**Certification:** In signing and submitting this form, I certify that the above information is true to the best of my knowledge, and that I am in compliance, to the best of my knowledge, with federal law, state law and all policies related to conflicts of interest.

\_\_\_\_\_  
PI Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requested Hire Signature

\_\_\_\_\_  
Date

<b>UW-L Required Signatures: I have reviewed and support this action as outlined above.</b>	<b>Date (mm/dd/yyyy)</b>
<b>Director for Human Resources (or designee)</b>	/ /
<b>Grants Officer</b>	/ /

**Record Retention:** This form will be retained in the Grants Office for the length of the grant and will be held for one fiscal year following the end of the grant.