

**Minnesota State Academies
Plan to address Direct or Indirect Supervisory Responsibility
for a Close Family Member**

Names of Employee and Supervisor:

Nature of Relationship between Employee and Supervisor:

How are the employees related?

Document how interactions will be handled between the employee and the supervisor:

Document how communication will be handled between the employee and the supervisor:

Document how the employee will be supervised, evaluated, disciplined, and/or promoted. Also, document how work assignments will be determined:

Include information on specific persons who will be making those decisions.

Document how grievances related to the employee will be handled:

Document how the employee will interact with colleagues who are supervised by the supervisor:

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

SIGNATURE OF SUPERVISOR: _____ **DATE:** _____

SIGNATURE OF DIRECTOR: _____ **DATE:** _____

If the Director is the supervisor listed above, the Superintendent must sign this agreement.