

Nepotism Disclosure Policy

Dear Colleagues:

We recognize that the vast majority of people who work for the Department abide by City and agency policies and rules. As public servants, we have an obligation to avoid impropriety and the appearance of impropriety. When family or financial relationships overlap with organizational and reporting relationships within the agency, we risk violating this obligation.

Every Health Department employee receives a copy of the DOHMH Standards of Conduct as well as a copy of Chapter 68 of the New York City Charter. All staff members are expected to follow these standards and rules.

These policies state that Department employees are prohibited from using, or attempting to use, their position to obtain financial gain, privilege, or personal advantage for themselves or for people with whom they are associated. This includes close relatives, defined as an employee's parent, spouse, domestic partner, siblings, children, and financial partners. Close relatives also include the spouse or child of any of these individuals as well as any person bearing the same relationship to the employee's spouse.

Attached is the Agency wide Nepotism Disclosure Policy. Every employee is required on an annual basis and at the time of the event to complete the "Relationship Disclosure Form" (RDF). The Department takes these policies and any violation seriously. Staff should report suspected problems to the Assistant Commissioner of Human Resources or contact the Department of Investigations, at (212) 825-5900 or fill out the [DOI Complaint form](#).

All forms will be kept confidential in Human Resources. If any questions, please contact Sean McFarlane at (347) 396-2165 or via e-mail at smcfarla@health.nyc.gov.

Thank you for supporting this effort to uphold the agency's well-deserved reputation for integrity and excellence.

Nepotism Policy

Section 2604(b) (3) of the New York City Charter prohibits City employees from attempting to use their positions to obtain financial gain, privilege, or personal advantage for themselves or for people or firms with whom they are associated. While there is nothing improper about one or more close relatives working in the Agency, employee should not influence the hiring of close relatives or relations, nor should they be in supervisory relationships with close relatives.

This anti-nepotism policy defines who is a close relative that requires disclosure, and details what actions and supervisory relationships must be avoided.

Definition of a Close Relative

A “close relative” is defined as an employee’s parent, spouse, domestic partner, child, sibling, niece, nephew, aunt, uncle, grandparent, and any person so related to an employee’s spouse or domestic partner, and any person residing in an employee’s household . This definition applies whether the relationship is by blood, adoption or is created by the marriage of a parent, child or sibling.

Required Disclosure

All employees (those drawing a paycheck from DOHMH, or an affiliate organization supported by a DOHMH grant) are required to submit a Relationship Disclosure Form (RDF) listing close relatives who work for this Agency in any capacity, including but not limited to full-time, part-time, DOHMH-affiliated grant funded, college aides, interns, consultants, temps, volunteers or WEP workers. An RDF must be submitted prior to a new employee’s start date, annually by December 31st and within 30 days of any change of status, if applicable.

A job applicant should disclose to the program area the existence of the foregoing relationship during an interview process if it is occurring in the same program area where the current DOHMH employee works. RDFs are available on the Intranet and completed forms must be submitted to the Assistant Commissioner for the Bureau of Human Resources at 42-09 28th St, Long Island City, New York 11101.

Prohibited Actions and Supervisory Relationships

Simply put, employees cannot hire or supervise anyone closely related to them. Specifically:

1. No employee shall be involved in any way in the recruiting, interviewing, hiring, processing, evaluating, promoting, disciplining or terminating a close relative to work as an employee, consultant or independent contractor for the agency.
2. Employees cannot provide a close relative’s resume to Department employees or discuss a relative’s application with anyone in the Department.
3. Employees may tell relatives about a public listing for a job, but may not otherwise help them obtain the job.
4. No employee shall supervise or manage directly or indirectly a close relative or member of the same household. For purposes of this policy, supervise or manage shall include but not be limited to giving, furnishing or overseeing work assignments, evaluating or approving

performance evaluations or tasks and standards, recommending or approving a discretionary act regarding working conditions, salary, promotion, time and leave, etc.

5. Failure to disclose the foregoing relationships is a violation of the DOHMH's Anti-Nepotism Policy and Code of Conduct Rule 1.15, and may result in disciplinary action with resulting penalties ranging up to and including termination of employment.
6. This policy expands upon the prohibitions contained in Section 2604(b)(3) of the Conflicts of Interest Law (Chapter 68, New York City Charter), and does not negate or limit the application of the NY State Civil Service law, DCAS Rules and Regulations or any applicable collective bargaining agreements.



ANTI-NEPOTISM POLICY

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In accordance with the City's Conflict of Interest Rules and City Charter Chapter 68, DOHMH is committed to ensuring that personnel actions are based on merit and fairness. DOHMH policy is that there should be no impropriety, appearance of impropriety, conflict of interest, or personal gain as a result of hiring actions or supervisory relationships.

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Nepotism

RDF

Relationship Disclosure Form

As public servants, every employee has an obligation to avoid impropriety and the appearance of impropriety.

When family or financial relationships overlap with organizational and reporting relationships within the agency, we risk violating this obligation. This Relationship Disclosure Form assists DOHMH and staff to identify potential conflicts of interest so that any possible violation of the anti-nepotism policy or other City laws and regulations can be identified and resolved.

All employees must complete, sign and date this form annually by August 31st. A new form must be submitted whenever a change or additional relationship occurs. Submissions should be made within thirty days of the occurrence of the change.

1. Please Enter:

Please Enter:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
MI:	<input type="text"/>
Civil Service Title:	<input type="text"/>
In-House Title:	<input type="text"/>
Bureau:	<input type="text"/>
Division:	<input type="text"/>
Address of Work Location:	<input type="text"/>

2. Do you have any relatives and/or relationships as defined below working at the Department of Health & Mental Hygiene (DOHMH)?

Yes

No

If **yes**, you must complete the Relationship Information on the next page.

3. Who should be disclosed: A "close relative" is defined as an employee's parent, spouse, domestic partner, child, sibling, niece, nephew, aunt, uncle, grandparent, and any person so related to an employee's spouse or domestic partner, and any person residing in an employee's household. This definition applies whether the relationship is by blood, adoption or is created by the marriage of a parent, child or sibling.

1. Name of Relative:

Relationship to You:

Division/Bureau:

Relative's Job Title:

Relative's Direct Supervisor:

2. Name of Relative:

Relationship to You:

Division/Bureau:

Relative's Job Title:

Relative's Direct Supervisor:

3. Name of Relative:

Relationship to You:

Division/Bureau:

Relative's Job Title:

Relative's Direct Supervisor:

4. Name of Relative:

Relationship to You:

Division/Bureau:

Relative's Job Title:

Relative's Direct Supervisor:

***4. Certification: I certify that the statements made on this form are true and complete, to the best of my knowledge. I understand that I may be disqualified from the position that I am seeking if any false statements are made or if I intentionally omit information from this form.**

Employee Reference Number (7 digits)

Or Social Security Number:

***5. DATE**

DATE: **MM** **DD** **YYYY**

/ /

DATE Day Year

Signature:
