**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:**

**Document how grievances related to the employee will be handled:**

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

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Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_