



AMOROUS RELATIONSHIP DISCLOSURE FORM FOR EMPLOYEES

When Form Must Be Completed: If you are a faculty or staff member who is or was involved in an amorous relationship as described in the University’s Amorous Relationships Prohibition Policy (No. 2-.014), you must prepare this form disclosing that relationship immediately to the Office of Institutional Equity.

Specifically, this Policy prohibits: (1) all employees (including employees of Direct Support Organizations (DSO)) from pursuing or engaging in an amorous relationship with any undergraduate student; (2) all employees (including DSO employees) from pursuing or engaging in an amorous relationship with a graduate student under that individual’s authority; and, (3) all employees (including DSO employees) from pursuing or engaging in an amorous relationship with employees whom they supervise. With regard to graduate students, situations of authority include teaching; formal mentoring or advising; supervision of research; employment of a student as a research or teaching assistant; exercising substantial responsibility for grades, honors, or degrees; and involvement in disciplinary action related to the student.

An “amorous relationship” is defined as an intimate, sexual and/or any other type of amorous encounter or relationship, whether casual or serious, short-term or long-term. For example, this may include having multiple romantic dates or having intimate physical contact (one-time or on multiple occasions) with the student or employee.

To complete the form:

- (1) Employee completes Section 1 and provides the form to the Office of Institutional Equity;
- (2) If the disclosing employee is a member of the faculty, the Office of Institutional Equity completes Section 2 in consultation with the Vice Provost for Faculty Excellence, the appropriate dean(s) or designee and/or other relevant administrative staff;
- (3) If the disclosing employee is not a member of the faculty, the Office of Institutional Equity completes Section 2 in consultation with the Director of Employee Relations (Human Resources), the appropriate vice president or designee and/or other relevant administrative staff, as applicable.

Section 1

1. Employee Information:

Name: _____ UCF ID Number: _____

Title: _____ Department: _____

2. Student or Employee Information with whom you have or previously had a relationship.

Name: _____ UCF ID Number: _____

Academic Standing (i.e. undergraduate student, graduate student): _____

3. Please describe the nature and a timeline of the relationship.

4. If disclosing a relationship with a graduate student or an employee, describe your supervision or authority (or perceived authority) over the individual identified in your response to question no. 2 above. For example, set forth whether the student is currently enrolled in your class; whether the student or employee is a direct report to you; whether you supervise the student's work on their thesis, dissertation, or independent study; whether the student has requested that you serve as their mentor; or whether you make disciplinary decisions related to the student or employee.

Please Note: If OIE determines that there is no conflict based on the current information but circumstances related to authority between the parties changes following completion of this form by OIE (such as a student changes programs and is now likely to take a course with the other party or an employee changes divisions and is now in the other party's reporting line), the party with authority must submit an updated form to OIE.

Employee Signature:

Date:

Print Name:

Section 2: Conflict Resolution Plan

Action taken to resolve conflict:

Signatures: If an employee disclosing the amorous relationship is a faculty member, the Vice Provost for Faculty Excellence will sign below. If the employee disclosing the amorous relationship is not a faculty member, the Director of Employee Relations will sign below. The Dean, Vice-President or Designee and finally the Director of the Office of Institutional Equity or designee will always sign below to finalize this form. If no conflict exists, the Director of the Office of Institutional Equity or designee is the only required signature.

Vice Provost for Faculty Excellence

Signature: _____ Date: _____
Print Name: _____

Director of Employee Relations (Human Resources)

Signature: _____ Date: _____
Print Name: _____

Dean, Vice President, or Designee

Signature: _____ Date: _____
Print Name & Title: _____

Director of the Office of Institutional Equity or Designee

Signature: _____ Date: _____
Print Name: _____