

**Prohibited Relationship Disclosure and Conflict of Interest Plan**

**Report of consensual romantic or sexual relationship between:**

<b>Faculty or Staff Member</b>	<b>Student or Junior Faculty Member</b>
Name:	Name:
Position or Title:	Status:
T #:	T #:

The undersigned agree that they have received, read and understand Oberlin College’s policies on Prohibited Relationships by Person’s in Authority, Sexual Misconduct Policy and Policy on Discrimination and Harassment. In compliance with those policies, we acknowledge that:

- Our relationship is entirely voluntary and consensual.
- We will comply with professional standards of behavior and avoid conduct that creates a hostile work or learning environment for others.
- We will comply with the Conflict of Interest Plan below.
- We agree that, if the relationship ends, we will inform the Chief Human Resources Officer (CHRO) if we believe it is necessary to protect our rights or if any College policy is violated.
- We each agree that, if the relationship ends, we will respect the other person's decision to end the relationship and will not retaliate against the other person, engage in any unprofessional or inappropriate efforts to resume the relationship, or engage in any other conduct toward the other person that could violate any college policies.

Description of Conflicts of Interest Plan:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: VP/Dean \_\_\_\_\_

VP/Dean’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Human Resources Officer: \_\_\_\_\_

CHRO Signature: \_\_\_\_\_ Date: \_\_\_\_\_