



STATE OF CONNECTICUT
Department of Mental Health & Addiction Services
Commissioner's Policy Statement and Implementing Procedures



SUBJECT/POLICY NAME:	Employment of Relatives
POLICY CHAPTER	Chapter 2 – Human Resources/Employee Services
APPROVED BY:	COMMISSIONER’S POLICY GROUP; Nancy Navarretta, Commissioner
EFFECTIVE DATE:	5/6/1993
LAST REVISED DATE :	11/21/2025
POLICY OWNER:	Human Resources
ATTACHED FORMS:	1. Relationship Disclosure Form 2. Family Relationship Disclosure Acknowledgement

STATEMENT OF PURPOSE:

To establish guidelines governing the hiring and placement of relatives of individuals currently employed at the Department of Mental Health and Addiction Services.

POLICY:

It shall be the policy of the Department of Mental Health and Addiction Services that relatives of current employees may be considered for employment within the Department, but they will not be considered for any position that would place the applicant under direct supervision of the relative or the relative under the direct supervision of the applicant or in any position where the employed relative might influence the salary, benefits, working conditions, or personnel transactions such as disciplinary actions of the applicant or vice versa.

Applicants seeking employment at DMHAS will be asked to disclose if they have any relatives currently employed by the agency.

Employees of DMHAS are required to disclose any familial relationship that may cause conflict in accordance with this policy.

Employees must immediately notify their supervisor, in writing utilizing the “Relationship Disclosure Form”, whenever they become aware that there is a familial relationship that may be in conflict to this policy, either at the time of appointment to an assignment (e.g. hire, rehire, transfer, promotion, demotion), or when a relationship is formed after initial appointment (e.g. marriage,). If circumstances of the appointment would place the applicant in an assignment that would result in a violation of this policy, the Department’s Labor / Human Resources Committee will review the facts and the Committee may restrict or modify the employment of relatives to achieve compliance with this policy. The Committee will communicate the final decision back to the employee in writing utilizing the “Family Relationship Disclosure Acknowledgement” form.

If the Labor / Human Resources Committee determines reassignment is necessary for compliance, reassignments will be arranged in alignment with provisions of the governing collective bargaining agreement(s) and/or State personnel regulations related to the employment of relatives. If the relative relationship is established after employment, a reassignment shall be made either voluntarily or involuntarily.

For the purposes of this policy, a relative shall mean an individual who is father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, grandparent or grandchild, husband or wife or domestic partner.

Additional guidance for specific circumstances can be submitted to directed to the Department’s Labor / Human Resources Review Committee.

- [Employment of Relatives](#)

Department of Mental Health and Addiction Services (DMHAS)

Family Relationship Disclosure Acknowledgment

Dear [Employee Name] and [Family Member/Applicant Name],

Thank you for disclosing your family relationship within DMHAS. Your disclosure has been reviewed by the Policy Review Committee in accordance with the Commissioner's ***Employment of Relatives Policy***.

Following the review, the committee has determined that:

No Further Action is Required

The committee has determined that no corrective action is necessary at this time.

Please remember that if your personal or working relationship changes, you are required to disclose the change using this same process in order that the committee may review the situation.

You must continue to comply with all aspects of the ***Employment of Relatives Policy***.

Corrective Action Required The committee has determined that the disclosed relationship may give rise to real or perceived impropriety or conflict. Corrective actions will be taken to remove or reduce the impact of the relationship. You will be notified of the specific measures implemented.

Date of Review: ____ / ____ / ____

Department of Mental Health and Addiction Services (DMHAS)

Relationship Disclosure Form

Employee Information

- Employee Name: _____ Employee ID: _____
- Facility: _____ Unit: _____
- Title/Position: _____ Shift: _____

Family Member Information

- Family Member Name: _____
- Nature of Relationship (e.g., spouse, sibling, parent, child): _____
- Facility: _____ Unit: _____
- Title/Position held (or position applied for (if applicable):
_____ Shift: _____

I certify that the information provided above is accurate to the best of my knowledge and understand that failure to disclose may result in corrective action pursuant to the Commissioner's Policy on Employment of Relatives.

Employee Signature: _____ Date: ____ / ____ / ____

Committee Determination

Potential Conflict of Interest Identified – Action required to address/mitigate conflict

Recommended action and timing _____

No Conflict of Interest Identified – No further action required

Date Reviewed (Policy Review Committee): ____ / ____ / ____

Committee Reviewer Signature: _____ Date: ____ / ____ / ____

Once reviewed, completed forms are returned to HR with copy to file, employees, and facility leader(s)