Health Services
LOS ANGELES COUNTY

POLICIES AND PROCEDURES

SUBJECT: NEPOTISM

POLICY NO: 708.000

PURPOSE:

To ensure the integrity of employment decisions and of the overall operations of the Department, in a manner which prevents favoritism or preferential treatment arising out of actual or perceived conflicts of interest (involving, among other things, direct supervision of relatives), fraud and other abuses.

SCOPE:

This policy applies to all workforce members, as defined below.

POLICY:

A workforce member may not supervise any immediate relative as an immediate supervisor or as a higher-level supervisor, except as otherwise provided in this policy

An individual shall not be assigned to a position under the direct or indirect supervision or control of an immediate relative who has or may have a direct effect on the individual's assignment, progress, performance or advancement.

In addition, managers and supervisors should be aware of potentially sensitive situations involving personal relationships within their area(s) of responsibility. Although it is unlawful to discriminate on the basis of marital status or personal relationships, managers/supervisors may reasonably regulate the work situation of individuals in relationships as defined in this policy to ensure fair and impartial treatment of employees relative to employment decisions, safety, security and/or morale.

Each workforce member shall be responsible for reporting any relationships he/she may have that may be governed by the provisions of this policy, including personal relationships (as defined herein).

DEFINITIONS:

Budgetary/organizational unit means the divisions, programs and units within DHS as established by the Department and the Auditor-Controller.

Immediate relative includes any relationship formed by blood, genealogy, marriage, adoption, cohabitation, and domestic partnership as defined in California Family Code Section 297 et seq. and Los Angeles County Code Section 2.210, including but not limited to spouse (common laws or otherwise), child, mother, father, sister, brother, aunt, uncle, grandparent, niece, nephew, step-parent, step-child, step-sibling, cousin or legal guardian.

Nepotism is generally defined as the practice of a workforce member using personal influence or power to aid or hinder another in an employment setting in securing employment, promotion or other benefits because of a personal relationship. No workforce member may use power or influence to aid or hinder another in securing or advancing in employment due to a personal relationship.

Personal relationships include, but are not limited to, those by virtue of blood, marriage, adoption, cohabitation, or any such other relationship which would give rise to a substantial appearance of impropriety or lack of reasonable objectiveness if the person were to be supervised as set forth in this Policy.

Workforce members includes employees, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct, in the performance of work for DHS, is under its direct control, whether or not they receive compensation from the County.

PROCEDURES:

At the time a person is hired or assigned to a position in the Department and at any other time during employment or assignment that a workforce member becomes aware that his/her immediate relative has been assigned to the Department, he/she must identify that person by completing the attached Nepotism Policy Acknowledgment form and submitting it to his/her supervisor/manager. The supervisor/manager shall submit the original to DHS Human Resources Office, with a copy for the area file and the workforce member. The DHS Human Resources Office, Employee Relations Division will be responsible for review and determination if the relationship creates a situation discouraged by this Policy.

Each workforce member will be provided with the Nepotism Policy during in-processing and each year thereafter with the performance evaluation process.

Non-County workforce members shall be provided with this policy via the Comprehensive Policy Statement (CPS) which may be obtained from DHS Human Resources Office or the DHS Intranet. Non-County workforce members shall receive the CPS at the time of

assignment and annually with the performance assessment process. The signed original CPS will be filed and maintained in the workforce member's HR personnel folder or area file, whichever is appropriate.

If, as a result of a new hire, transfer, promotion, reorganization, assignment/reassignment, and/or marriage in which immediate relatives or individuals involved in a personal relationship are employed/assigned within the same budgetary/organizational unit and supervised in a manner contrary to this Policy, the appropriate Chief Deputy Director or Director of Health Services may assign one of the individuals to a similar item in a different budgetary/ organizational unit of the Department.

WAIVER PROCESS

This policy may be waived, within the sole discretion of the Department, upon adequate and documented justification. Examples where this Policy may be waived, include but are not limited to, instances where the employment relationship/assignment (1) is established and maintained in a manner legally required by law; or (2) cannot be reasonably avoided due to the technical expertise, unique skill requirements and/or recruitment issues which otherwise prohibit alternative assignment.

All waiver requests will be evaluated on a case-by-case basis, weighing the overall objective of the policy against the reasons for requesting a waiver.

Procedure for Requesting a Waiver

If a manager/supervisor determines that a request for a waiver of this Policy is appropriate, he/she must submit a memo through the appropriate chain-of-command to DHS Human Resources, Employee Relations Division, establishing justification for the request, an organization chart explaining the functional responsibilities of each involved employee and a statement outlining actions to be taken to ensure objectivity and fairness in departmental decisions.

DHS Human Resources, Employee Relations Division will review the request for appropriateness and, if determined to be justified, make a recommendation for approval to the Chief, Audit and Compliance. If not justified, Employee Relations will note the reason why it is not approved on the letter and return it to the requesting manager/supervisor. Employee Relations will then begin the process of transferring one of the employees to another area within the Department. This transfer shall be based on the needs of the service.

If justified, Employee Relations will forward the waiver request to the Chief, Audit and Compliance who is the Director's designee for approval.

REFERENCES:

California Family Code Section 297 et seq.
California Government Code Section 12940
California Code of Regulations, Title 2, Section 7292.5
Los Angeles County Code Section 2.210

CROSS REFERENCE:

DHS Policy 740.000, Outside Employment/Incompatible Activity

Health Services
LOS ANGELES COUNTY

NEPOTISM POLICY ACKNOWLEDGMENT

THE DEPARTMENT OF HEALTH SERVICES' (DHS') POLICY NO. 708, NEPOTISM, REQUIRES ALL WORKFORCE MEMBERS TO KEEP THE DEPARTMENT APPRISED OF ANY PERSON WHO IS AN IMMEDIATE RELATIVE OR IN WHICH THE EMPLOYEE HAS A PERSONAL RELATIONSHIP THAT IS EMPLOYED BY THE COUNTY AND ASSIGNED TO DHS OR OTHERWISE HAS A CONTRACTUAL RELATIONSHIP WITH DHS. A WORKFORCE MEMBER MAY NOT SUPERVISE AN IMMEDIATE RELATIVE OR INDIVIDUAL WHO HAS A PERSONAL RELATIONSHIP WITH THE SUPERVISOR EITHER AS AN IMMEDIATE SUPERVISOR OR AS A HIGHER-LEVEL SUPERVISOR, EXCEPT AS OTHERWISE PROVIDED IN THIS POLICY.

THE WORKFORCE MEMBER COMPLETING THIS FORM ACKNOWLEDGES RECEIPT OF DHS POLICY NO. 708 AND HAS READ AND UNDERSTANDS THE DEFINITIONS OF IMMEDIATE RELATIVE AND PERSONAL RELATIONSHIPS AS SET FORTH THEREIN.

DO YOU HAVE IMMEDIATE RELATIVE(S) WORKING FOR THE DEPARTMENT OF HEALTH SERVICES? (Please √ one box).

☐ No If no, sign and date below.

☐ Yes If yes, complete the following information, sign and date below. (List all immediate relatives employed by/assigned to DHS).

NAME (Please Print – Last Name, First Name)	RELATIONSHIP	FACILITY AND UNIT/AREA

NOTE: If more than two (2) relatives are employed/assigned to DHS, continue listing the information on the back of the form.

I acknowledge that I have read the above policy and have provided the information to the best of my knowledge.

Print Your Name _____ Employee Number _____ Department Number _____

Signature _____ Date _____ Work Telephone Number _____

Manager/Supervisor Signature _____ Date _____

Distribution: Original-Human Resources, Copies: Employee and Area Files