GLOOSCAP KLUSKAP VENTURES

FAMILY RELATIONSHIP DISCLOSURE AND CONFLICT MANAGEMENT AGREEMENT

CONFIDENTIAL – HUMAN RESOURCES

Purpose: Use this form to disclose a family or close personal relationship that could create an actual, potential, or perceived conflict of interest at work. A relationship is not automatically a conflict. Disclosure allows the organization to put fair and practical safeguards in place. Complete one form for each relationship and attach additional information if needed.

1. EMPLOYEE INFORMATION

Employee name: _____	**Job title:** _____
Entity / department: _____	**Manager:** _____
Date submitted: _____	**Work location:** _____

2. RELATIONSHIP DISCLOSURE

Name of related person: _____	**Their job title / connection:** _____
Their entity / department: _____	**Their manager (if known):** _____

Relationship type (check one):

☐ Spouse / partner / common-law ☐ Parent / step-parent ☐ Child / step-child ☐ Sibling / step-sibling ☐ Extended family ☐ Same household ☐ Other close personal relationship: _____

Briefly describe the relationship and any relevant circumstances:

_____

_____

3. WORK CONNECTION AND POSSIBLE CONFLICT

Check all that apply:

☐ Direct or indirect reporting relationship
☐ Hiring, interview, or selection decisions
☐ Scheduling, time, leave, or overtime approvals
☐ Pay, benefits, promotion, or job changes
☐ Performance, discipline, or termination decisions
☐ Access to confidential personnel or financial information
☐ Purchasing, contracts, invoices, payments, or vendor decisions
☐ No current work-related connection
☐ Other: _____

Explain how the relationship could affect, or appear to affect, workplace decisions or responsibilities:

_____

_____

_____

4. CONFLICT MANAGEMENT PLAN – MANAGER AND HR

Assessment (check one): ☐ No current conflict ☐ Potential / perceived conflict ☐ Actual conflict ☐ More information required	
Management measure(s): ☐ No further action beyond disclosure ☐ Employee will not participate in related decisions ☐ Alternate supervisor or approver will be assigned ☐ Responsibilities will be reassigned	☐ Access to confidential information will be restricted ☐ Separation of duties / secondary review will be used ☐ Reporting relationship will be changed ☐ Other: _____
Agreed management plan:	_____

5. ACKNOWLEDGEMENT AND AGREEMENT

Employee: I confirm that the information provided is complete and accurate. I will inform my manager and Human Resources if the relationship, reporting structure, duties, or circumstances change. I will not use my position to benefit or disadvantage the related person, will protect confidential information, and will follow the management plan above.

Manager: I will apply and monitor the agreed safeguards consistently, consult Human Resources when questions arise, and request a review if circumstances change.

Human Resources: Human Resources will keep this form as a confidential employment record, support implementation of the management plan, and review the arrangement when required.

Name / Role	Signature	Date
Employee		
Manager		
Human Resources		

Note: Disclosure does not by itself imply wrongdoing or prohibit related individuals from working with the organization. Failure to disclose a relevant relationship or to follow an approved management plan may be addressed under applicable workplace policies.

SUBMIT COMPLETED FORM TO HR