

WORKFORCE INVESTMENT BOARD OF TULARE COUNTY WORKFORCE INNOVATION AND OPPORTUNITY ACT TITLE I	DATE: May 08, 2024
	SUBJECT: Nepotism Policy and Procedures

WIB Directive TUL 24-01

TO: WIB Subrecipients
WIB Staff

SUBJECT: Nepotism Policy and Procedures

EXECUTIVE SUMMARY

This policy and procedures directive provides guidance to prevent nepotism when an immediate family member applies for WIOA Services. To prevent nepotism, it is the policy of the WIB that under no circumstance is a participant to be directly provided services by or indirectly provided services by an immediate family member. Therefore, WIB policy requires that each participant indicate if any immediate family members are staff of the WIB or its subrecipients. Acknowledging such a relationship does not disqualify an otherwise eligible participant from receiving workforce services from WIB subrecipients.

For this directive, "immediate family" is defined as spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child, or a domestic partner (including same-sex or gender-neutral relationships).

This directive applies to WIB and WIB subrecipient staff when an immediate family member registers for WIOA Title I Youth, Adult, Dislocated Worker, and other workforce programs funded by the WIB.

This directive contains some WIB imposed requirements. All WIB-imposed requirements are indicated in ***bold, italic*** type.

Retain this directive until further notice.

REFERENCES:

- Federal Register, Vol. 81, No. 161 Department of Labor
- Title 20, CFR Section 683.200(g) (1): Nepotism
- Workforce Investment Board of Tulare County Rights and Nepotism Form 704

BACKGROUND:

20 CFR 683.200 g (1) Nepotism.

(1) No individual may be placed in a WIOA employment activity if a member of that person's immediate family is directly supervised by or indirectly supervises that individual.

(2) To the extent that an applicable State or local legal requirement regarding nepotism is more restrictive than this provision, such State or local requirement must be followed.

POLICY AND PROCEDURES:

It is the policy of the WIB that all customers receive the highest quality of services and are treated with courtesy, respect, and professional manner while showing no:

- ***Favoritism***
- ***Nepotism***
- ***Violation of confidentiality or privacy rights or***
- ***Special treatment is given to anyone except for valid legal reasons***

When an immediate family member of an employee is enrolled in WIOA services, the employee must be instructed not to provide any direct or indirect services, access the case file, influence staff or colleagues, review, certify, approve services, or inquire about the family member's participation in the program.

At the time of the WIOA eligibility intake process, WIB subrecipient staff will complete the WIB Rights and Nepotism Form 704 with applicants. The intake staff will ask applicants the following questions to identify immediate family members employed within WIB's workforce system.

Form 704, Section III: Nepotism - Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child, a domestic partner including same-sex or gender-neutral relationships) an employee of the WIB, or an organization funded by the WIB with Workforce Innovation and Opportunity Act (WIOA) funds?

WIB subrecipient staff must provide applicants with examples describing the types of WIOA organizations. Examples may include the Employment Connection, youth@work, CSET, Proteus, or TCOE – SEE.

Acknowledging any such relationship will not disqualify an otherwise eligible participant from receiving the services provided by the WIB's subrecipients.

When an applicant responds yes, the Intake staff must complete Section III. WIB Nepotism Form 704, to include the following information:

- ***Name and title of the WIB employee or employee of a WIB WIOA-funded organization and the relationship of the immediate family member.***

The subrecipient must follow the applicable guidance below to serve an immediate family member and refer to "Guidelines for Submitting a Plan to Serve a Family Member."

- 1. Subrecipient Employee at a Different Location - Serving a subrecipient employee's immediate family member at a site different from where the employee works requires a notification email to the WIB and providing the information in the Guidelines for Submitting a Plan to Serve a Family Member. WIB staff will review and acknowledge the subrecipient's notice to serve a family member at a different location from where the subrecipient employee works. Subrecipients must upload the request and WIB response (email) in the participant file and case note the measures in place to prevent nepotism.**
- 2. Subrecipient Employee at the Same Location - Serving a subrecipient employee's immediate family member at the same location requires WIB staff approval. If it is not feasible to refer the applicant to another location, the subrecipient must submit a request and detailed plan to prevent nepotism. Refer to the Guidelines for Submitting a Plan to Serve a Family Member. WIB staff will respond to the subrecipient's request within three business days. Subrecipient staff must upload the request and the WIB's response (email) to the customer file, and case notes the measures in place to prevent nepotism.**
- 3. WIB Employee - Serving an immediate family member of a WIB employee requires WIB staff approval. The subrecipient must submit a request and provide information for sections a. through d. and g. from the Guidelines for Submitting a Plan to Serve a Family Member. WIB staff will respond within three business days to the subrecipient's request and provide the information required for e. and f. from the guidelines. Subrecipients must case note in the participant file when enrolling a family member of a WIB employee and upload the WIB's response (email) into the participant file.**

Guidelines for Submitting a Plan to Serve a Family Member

For transparency and to prevent nepotism, follow these guidelines when submitting a plan to serve a family member. Email the WIB Executive Director and copy the Workforce Services Program Manager.

- 1. Email Subject Line: Plan to Serve Family Member- (Agency Name)**
- 2. Email Content: Name of the employee, job title, and relationship to the participant**
 - a. Location and address where services will be provided.**
 - b. If applicable, request to serve the applicant at the same location as the employee.**
 - c. Name of the family member (applicant's first initial and last name)**
 - d. Type of services requested (youth, adult, dislocated worker, specialized services, etc.)**
 - e. A statement that the employee has been notified and instructed not to provide direct or indirect services nor to access the family member's case file.**
 - f. Describe the measures to prevent the staff member from providing direct and indirect services.**

- g. Name and title of the person responsible for reviewing and approving services for this participant.***

Subrecipients must implement internal policies and procedures for serving family members to avoid nepotism and observe this directive.

ACTION:

Please bring this directive to the attention of all WIB subrecipients and WIB staff.

INQUIRIES:

Please direct inquiries regarding this directive to the WIB at (559) 713-5200.



Adam Peck
Executive Director

ATTACHMENT A: WIB Media Release, Nepotism and Rights Form 704 Revised 03.26.24

APPROVED BY
WORKFORCE INVESTMENT BOARD
MINUTES OF 05-08-2024

**WORKFORCE INVESTMENT BOARD OF TULARE COUNTY
MEDIA RELEASE, NEPOTISM, AND RIGHTS FORM**

Attachment A

I. PARTICIPANT RELEASE OF INFORMATION AUTHORIZATION

For purposes of eligibility verification, I authorize the release of my records from the agencies checked below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Health and Human Services Agency | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Employment Development Dept. - UI |
| <input type="checkbox"/> Education Institutions | <input type="checkbox"/> Correctional/Probation Office | <input type="checkbox"/> Other _____ |

I authorize any and all agencies/businesses/employers to release information to verify employment, salary, school, vocational training, college enrollment, and military affiliation.

II. MEDIA RELEASE

I allow WIB and associated service provider staff to photograph or videotape me as it relates to the services provided. I also authorize WIB to use and publish the same in print and/or electronic and social media for the purpose of promoting community understanding of the program.

Yes No

III. NEPOTISM

Is a member of your immediate family (spouse, parent, child, brother, sister, in-law, uncle, aunt, nephew, niece, first cousin, step-parent, step-child, domestic partner including same-sex or gender-neutral relationships) an employee of the WIB, or an organization funded by the WIB with Workforce Innovation and Opportunity Act (WIOA) funds? No Yes If yes, what is their name, title, and relationship to you?

IV. NONDISCRIMINATION NOTICE

Workforce Investment Board of Tulare County (WIB) maintains a policy to provide equal opportunity in all services and activities and comply with all provisions found in Section 188 of WIOA and 29 CFR Part 38, which prohibits discrimination on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity); national origin (including limited English proficiency), age, disability, or political affiliation or belief, or, against any beneficiary of, the applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, based on the individual's citizenship status or participation in any WIOA Title I financially assisted program or activity.

WIOA Title I Programs must not discriminate in any of the following areas: Deciding who will be admitted, or have access, to any WIOA Title I financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

WIOA Title I Programs must take reasonable steps to ensure that communication with individuals with disabilities is as effective as communication with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU FEEL YOU HAVE EXPERIENCED DISCRIMINATION: If you think that you have been subjected to discrimination under a WIOA Title I program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the **Equal Opportunity Officer, Laura Castanon, 309 W. Main St., Ste. 120, Visalia, CA 93291, lcaston@tularewib.org, (559)713-5252; California Relay Service: dial 711 or 1-800-735-2922**, or the Director, Civil Rights Center (CRC), U.S. Department of Labor 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210; or electronically as directed on the CRC website at www.dol.gov/crc.

If you file your complaint with the WIOA Title I Program, you must wait either until the recipient issues a written *Notice of Final Action* or until 90 days have passed (whichever is sooner) before filing with the CRC. **If the recipient does not give you a written *Notice of Final Action* within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (within 120 days after the day on which you filed your complaint)** with the WIOA Title I program. If the WIOA Title-I program does give you a written *Notice of Final Action* on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 30 days of the date on which you received the *Notice of Final Action*. *By signing below, I certify that I have read the above and understand its content.*

Print Applicant Name

Applicant Signature or Parent/Guardian Signature (if under 18 yrs. of age)

Date