Lower Savannah Council of Governments

LOWER SAVANNAH WORKFORCE INVESTMENT AREA

SC WORKS LOWER SAVANNAH

2748 Wagener Road/Hwy 302N, Aiken, SC 29801 · Post Office Box 850, Aiken, SC 29802-0850 · Ph: 803-649-7981 · Fax: 803-649-2248
www.lscog.org www.lswia.org TTY Relay Service dial 711

LOWER SAVANNAH INSTRUCTION NUMBER: PY15-001
(REPLACES: PY'93-010 & all Revisions)

TO: See Distribution Below
ISSUANCE DATE: **July 1, 2015**
EFFECTIVE DATE: **JULY 1, 2015**
EXPIRATION DATE: Indefinite
SUBJECT: **REQUEST FOR ENROLLMENT APPROVAL WHEN NEPOTISM / CONFLICT OF INTEREST IS QUESTIONABLE**

PURPOSE: The purpose of this Instruction is to outline the steps for declaring the existence of a family relationship and enrolling an applicant/participant into a WIOA program when there are concerns regarding nepotism or conflict of interest.

BACKGROUND: The LSWIA routinely issues Instruction to its sub-recipients organizations for handling various situations relating to Workforce Development within the Region. This instruction supersedes all previous policies and procedures relating to nepotism and/or conflict of interest within the Lower Savannah Workforce Investment Area, specifically LSWIA PY'93-010 and all of its revisions.

POLICY: Effective July 1, 2015, all applicable sub-recipient organizations will comply with the following policies and procedures.

For each application referred to a Service Provider, a determination shall be made to see if there is cause for concern regarding nepotism/conflict of interest. If there is concern, full disclosure of the family relationship shall be made and any other circumstances or issues surrounding the application will brought into the open.

In order to enroll an applicant/participant into a WIOA program when nepotism/conflict of interest is questionable, staff will complete the "Request for Enrollment Approval When Nepotism/Conflict of Interest is Questionable" Form (RFEAWNCOIIQ, Revised June 2015) and submit it to the WD Administrator via e-mail. Staff will briefly describe the facts relating to the individual's application/enrollment for WIOA services. Staff is responsible for getting the approved/rejected signatures of the WIOA Program Director, LSWIA Contracts Manager and WD Administrator.

The RFEAWNCOIIQ Form will be maintained in the applicant's/participant's Official WIOA File Folder and a copy of the form will be maintained in the Service Provider's Contract File by the LSWIA Contract's Manager.

An Equal Opportunity Employer/Program. Auxiliary aids and services are available to individuals with disabilities upon request.

ACTION: All applicable Lower Savannah Workforce Investment Area (LSWIA) sub-recipients, contractors, service providers, one-stop workforce/career center operators, and other applicable organizational elements will implement and comply with these instructions, as well as any related instructions contained in applicable contractual agreements.

Please copy and distribute this information appropriately within your agency.

INQUIRIES: Direct all inquiries regarding this Instruction to the Lower Savannah Council of Governments' Workforce Development Staff, Lower Savannah Council of Governments, Post Office Box 850, Aiken, South Carolina 29802-0850, telephone 803-649-7981, fax 803-649-2248, or e-mail abanderson@lscog.org.

André B. Anderson
Workforce Development Administrator

dab

Attachments: Request for Enrollment Approval when Nepotism/Conflict of Interest is Questionable (RFEAWNCOIIQ) Revised June 2015

Distribution: LSWIA website page at www.lswia.org

SC WORKS
LOWER SAVANNAH

A proud partner of the AmericanJobCenter network

LSCOG

REQUEST FOR ENROLLMENT APPROVAL WHEN NEPOTISM / CONFLICT OF INTEREST IS QUESTIONABLE

Customer Name: _____ Last 4 digits of SS#: _____

Service Provider Agency Making Request: _____

Staff Person Making Request: _____ Date of Request: _____

Being aware that the customer identified above is a relative of one of our Chief Elected Officials, Lower Savannah Workforce Development's Board (LSWDB) Members, Lower Savannah Council of Governments' Board (LSCOG) Members, Employee of our Agency, or Employee of the Lower Savannah Council of Governments, I am requesting approval for the customer to be referred/enrolled into the WIA/WIOA Program.

Identify Relative and Place of Employment: _____

Relative's Job Title/Position: _____

Relationship to Customer: _____

Statement of Fact regarding this Request:

☐ Approved
☐ Denied
_____ _____
WIA/WIOA **Service Provider Program Director's** Printed Name & Signature Date Signed

☐ Approved
☐ Denied
_____ _____
LSWIA **Contract Manager's** Printed Name & Signature Date Signed

☐ Approved
☐ Denied
_____ _____
LSWIA **WD Administrator's** Printed Name & Signature Date Signed