

**IDAHO DEPARTMENT OF CORRECTION**  
**Relative, Friend, Acquaintance, Etc. Agreement**

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Date:

To: IDOC HUMAN RESOURCE SERVICES w/ Background Form

From:

RE: CONDITION OF EMPLOYMENT – Relative, Friend, Acquaintance in the System

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List of individual(s) under federal, state, and count jurisdiction that are related, friends, or currently/previously acquainted.

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I understand that there could be significant safety and security concerns while working in a prison institution, probation office, community work center, or even at the Central Office if I have friends, acquaintances, relatives, etc. who are currently or previously under the supervision of a federal, state, or count agency. As a condition of my continued employment with the department, I agree not to initiate any type of contact with these individuals without written and specific approval. If this individual(s) contacts me by any means, I will decline to dialogue and will report this to my warden or manager immediately.

To maintain my viability as a correctional employee, I understand that I will need to keep my relationship strictly professional with current offenders and released offenders and not compromise or appear to compromise my position and credibility while employed with the department. If, during my career, any new relative, friend, or acquaintance come under supervision of a federal, state, or count law enforcement agency, I am required to report this situation to my superiors.

Should, for any reason my friend, relative be transferred to the institution where I am currently employed, or if I transfer to another work location where they are located, I will immediately report this to my superiors (or designee). I understand that this presents a new security situation that must be resolved to the department's satisfaction.

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Employee Name (Print)

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Employee Signature

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Date

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IDOC Authority Signature

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Institution or Work Unit

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Date