

**APPENDIX A - CONFLICT OF INTEREST POLICY
FACULTY DISCLOSURE FORM**

Each employee of the University is required by Board of Governors policy to submit this disclosure form describing the particulars of potential conflicts of interest (e.g. see Section 2.7.1.1.7, Faculty Handbook, adopted by (then) SBA 4-19-88). Disclosure forms (fully executed with signatures) and any management plans to remove conflicts shall be permanently maintained in the employee's official personnel file.

Instructions to faculty:

- Prior to completing form, review Faculty Handbook Section 2.7.1.1, especially definitions & examples in 2.7.1.1.2 & 2.7.1.1.3.
- Submit completed form to your department chair on or before October 1 of each year.
- Submit an updated form to your department chair prior to engaging in activities that have the potential for interpretation as a conflict of interest at any other time during the calendar year.

Respondent (required section)

Name: _____ Title: _____ Phone: _____		
Department\Program: _____		College: _____
Check one:	<input type="checkbox"/> Annual Disclosure	<input type="checkbox"/> Updated Disclosure
<i>I have reviewed the policy and understand that I must indicate any and all activities or projects, currently in progress or planned, which have the potential for interpretation as a conflict of interest, and:</i>		
<input type="checkbox"/>	<i>a memorandum stating particulars of all such activities and projects is attached.</i>	
<input type="checkbox"/>	<i>I am in compliance with the Conflict of Interest policy.</i>	
<input type="checkbox"/>	<i>I have nothing to disclose.</i>	
Signature _____		Date _____

Department Chair / Immediate Supervisor (required section)

<i>I have reviewed the signed statement above and the attached memorandum (if any) and,</i>	
<input type="checkbox"/>	<i>in my opinion, no conflict of interest exists.</i>
<input type="checkbox"/>	<i>have judged that a potential conflict exists.</i>
<input type="checkbox"/>	<i>have attached a memorandum recommending action that will eliminate that potential.</i>
Signature _____ Date _____	

Dean / Director / Vice President (This section required only if a potential conflict has been identified.)

<i>I have reviewed the signed statements above and the attached memoranda and,</i>	
<input type="checkbox"/>	<i>in my opinion, no conflict of interest exists.</i>
<input type="checkbox"/>	<i>I concur with the action recommended by the supervisor/chair.</i>
<input type="checkbox"/>	<i>a written agreement with the respondent is attached which, I believe will eliminate and avoid any conflict.</i>
<input type="checkbox"/>	<i>agreement with the respondent has not been reached. The issue is referred to the Provost.</i>
Signature _____ Date _____	

Provost (This section required only if a potential conflict has been identified.)

<i>I have reviewed the signed statements above and the attached memoranda and,</i>	
<input type="checkbox"/>	<i>in my opinion, no conflict of interest exists.</i>
<input type="checkbox"/>	<i>the attached agreement with the respondent is accepted.</i>
<input type="checkbox"/>	<i>a written decision is appended and a copy submitted to the respondent.</i>
Signature _____ Date _____	