

**CONFLICT OF INTEREST  
DISCLOSURE STATEMENT**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(Name of Employee)

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(Name of Supervisor)

**Employee Statement of Situation:**

I have read the University's Conflict of Interest Policy and I wish to disclose the following situation which may constitute a conflict of interest or the appearance of a conflict of interest (state all relevant information):

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1

(use additional pages if necessary)

I have attached any materials related to this situation that I think will assist in the evaluation of whether it is a conflict of interest.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Employee)

**Additional Remarks from Supervisor:**

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2

(use additional pages if necessary)

I have attached any materials related to this situation that I think will assist in the evaluation of whether it is a conflict of interest.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Supervisor)

**Result of Human Resources Evaluation:**

No Conflict of Interest

Potential Conflict of Interest

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3

(use additional pages if necessary)

**Human Resources Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Result of Joint Dean or Vice President & General Counsel Evaluation:**

No Conflict of Interest

Conflict of Interest

**Resolution:**

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4

(use additional pages if necessary)

**Dean or Vice President Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**General Counsel Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_