CONFLICT OF INTEREST DISCLOSURE STATEMENT

NAME:	(Name of Employee)	TITLE:		
	(Name of Employee)			
NAME:		TITLE:		
	(Name of Supervisor)			
Employee States	ment of Situation:			
I have read the Uni	iversity's Conflict of Interes	st Policy and I wish to disclorate of interest (state all relev	se the following situation which mant information):	ay constitute a
(use additional pages if	necessary)			
interest.	•		in the evaluation of whether it is a	
Signature:	(Employee)		Date:	
	(Employee)			
Additional Remai	rks from Supervisor:			
(use additional pages if	`necessary)	uation that I think will assist	in the evaluation of whether it is a	conflict of
(use additional pages if I have attached any interest.	necessary) y materials related to this sit	tuation that I think will assist		
(use additional pages if I have attached any interest. Signature:	necessary) y materials related to this sit			
(use additional pages if I have attached any interest. Signature: Result of Human	necessary) y materials related to this sit (Supervisor)			
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(use additional pages if I have attached any interest. Signature: Result of Human No Confl (use additional pages if Human Resource Result of Joint De	(Supervisor) n Resources Evaluation: lict of Interest Signature: ean or Vice President & Gelict of Interest	Potential Counsel Evaluation:	Date: onflict of Interest Date:	
(use additional pages if I have attached any interest. Signature: Result of Human No Confl (use additional pages if Human Resource Result of Joint De No Confl Resolution: (use additional pages if Dean or Vice Pres	(Supervisor) n Resources Evaluation: lict of Interest recessary) s Signature: ean or Vice President & Gelict of Interest recessary) sident Signature:	eneral Counsel Evaluation: Conflict of	Date: onflict of Interest Date:	