

Conflict of Interest Form
TO BE COMPLETED WHEN YOU HAVE A CONFLICT TO DISCLOSE OR A CHANGE
IN CONFLICT CIRCUMSTANCES

EMPLOYEE INFORMATION:

Name _____ Bengal ID No. _____
Campus Phone No. _____ Department _____
Position Title _____ Email Address _____

_____ I have a new conflict to report.

_____ This report is made following a change of circumstances and replaces my prior report.

Employee Conflicts of Interest Disclosure

By signing here, you are certifying that the information that you provide in this form and in the management plan (if necessary) is accurate to the best of your knowledge as of the date of your signature, and you commit to providing an updated form to your supervisor if a material change occurs in the information you have provided. Please sign and date this form and submit it to your department head or chair supervisor/institute director along with separate pages describing the nature of the reported conflict.

Signed _____ Date _____

Supervisor Review

_____ I concur with the employee's conflict(s) and the plan(s) to manage the conflict(s).

_____ I do not concur with the employee's management of one or more conflicts. Attached are my reasons for not concurring.

_____ Date _____

Department Head or Chair /Supervisor/ Director

Unit Administrator Review

_____ I concur with the supervisor's review.

_____ I do not concur with the supervisor's review. Attached are my reasons for not concurring.

_____ Date _____

Dean/ Unit Administrator

Committee on Ethical Guidance and Oversight Action

_____ I concur with the above reviews and the proposed management plan.

_____ I do not concur with the above reviews and the proposed management plan. Attached are the required actions.

_____ Date _____

Chair, Ethical Guidance and Oversight Committee

- Copy to employee, employee's supervisor, and employee's unit administrator
- Original document on file in the office of Human Resources

MANAGEMENT PLAN

Description of the activity: _____

University resources being used: _____

Describe the financial oversight to ensure the employee doesn't have control of University finances as they relate to the activity: _____

Activity will take place from: _____
through: _____

Is this Regular Outside Employment? If yes, provide detail: _____

If this involves an ownership interest in the outside entity, what type of ownership interest is it, what percentage interest is owned, and what is the value of the interest: _____

Income from the outside activity: _____

Other circumstances to report, if any: _____

I agree not to participate in any negotiations concerning agreements between the University or any entity affiliated with the University and the outside entity. I shall not compete with the University, share confidential information of the University, or use ISU's name or identifying insignia in connection with the activity.

Employee name: _____ Date: _____

Employee signature: _____