**Conflict of Interest Disclosure and Authorization Form**

*Instructions:* The staff member completes this form when a potential conflict of interest has been identified. After discussing the matter with the staff member, the supervisor completes the supervisor statement and submits the form to the next-level supervisor for review and signature. The supervisor gives a copy of the signed form to the staff member, keeps a copy for departmental records, and submits the original to Human Resources for the staff member’s personnel file.

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| --- | --- | --- | --- | --- | --- | --- |
| Staff Member’s Name: | |  | | | Date: |  |
| Position/Title: |  | | Dept: |  | | |

I have identified the following potential conflict of interest (describe the relationship, position, situation, or circumstance that you believe could be a potential conflict of interest):

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I certify that:

* I have reviewed the Staff Conflict of Interest policy.
* The information listed above is complete and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| *Staff Member Signature* | *Date* |

***Supervisor Statement:***

[ ] I have reviewed the staff member’s description of a potential conflict of interest above, have discussed the potential conflict of interest with the staff member in conjunction with our review of the university’s Conflict of Interest policy, and authorize the circumstances described because they do not represent a prohibited conflict of interest.

[ ] I have reviewed the staff member’s description of a potential conflict of interest above and have discussed the potential conflict of interest with the staff member in conjunction with our review of the university’s Conflict of Interest policy. The circumstances described are not authorized because they represent a prohibited conflict of interest.

|  |  |
| --- | --- |
| *Supervisor Signature* | *Date* |
|  |  |
| *Next-level Supervisor Signature* | *Date* |