Conflict of Interest/Commitment Disclosure Form

TO BE COMPLETED WHEN YOU HAVE A CONFLICT TO DISCLOSE OR A CHANGE IN CONFLICT CIRCUMSTANCES

Idaho State University

Date:

Employee's Name:	**College/School/Department/Office**:
Email Address:	**Supervisor**:
Outside Entity and/or Relationship(s):	**Plan Reviewer**: Jason Russell, Office of the General Counsel

☐ I have no actual or apparent conflict of interest/commitment to report.

☐ I have a new conflict to report (COI Management Plan Attached).

☐ I have previously made a COI report and there are no changes to the Management plan.

☐ I have previously made a COI report, and need to report the following changes of circumstances which 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 supervisor along with separate pages describing the nature of the reported conflict if necessary.

Signed:_____

Date:_____