Conflict of Interest/Commitment Disclosure Form

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



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.
\square I have a new conflict to report (COI N	Management Plan Attached).
$\ \square$ I have previously made a COI report	and there are no changes to the Management plan.
☐ I have previously made a COI report, circumstances which replaces my pr	and need to report the following changes of rior report.
Employee Conflicts of Interest Disclosure	:
management plan (if necessary) is accurate signature, and you commit to providing an occurs in the information you have provided	information that you provide in this form and in the e to the best of your knowledge as of the date of your updated form to your supervisor if a material change d. Please sign and date this form and submit it to your ribing the nature of the reported conflict if necessary.
Signed:	
Date:	

Rev. 9/3/24