

FORM FOR DISCLOSURE OF ACTIVITIES WHICH MAY INVOLVE DUALITY OF INTEREST OR CONFLICT OF INTEREST

I, _____, have read and understood the University’s “Duality of Interest or Conflict of Interest Policy”, as revised on February 12, 2013, and in accordance with this policy, I state the following:

1. I attach a list of all my affiliations with any person (including any officer or employee of the University), firm, organization, or corporation with which I have reason to believe the University does business:

-- NOT APPLICABLE
-- LIST ATTACHED

2. I attach a list of my consulting arrangements, whether or not I believe that they may involve potential conflict of interest:

-- NOT APPLICABLE
-- LIST ATTACHED

3. I shall amend these two lists promptly (Items 1 and 2) whenever my affiliations or duties change.

4. If I become aware that any member of my family (parents, brothers and sisters, children, spouse, and/or in-laws) is engaged in business with the University, I shall disclose my relationship with the person(s) concerned and the nature of this business.

5. I understand that I am not to participate in any decision or vote on an issue in which I may have conflicts of interest because of affiliations listed in Items 1, 2, and 4.

I submit this information to the president of the University.

Signature: _____

Position : _____

Faculty/Department: _____

Date : _____

A new declaration shall be submitted not less frequently than as follows:

- | | |
|--|-------------------------|
| a. Management and Academic Staff | Annually in January |
| b. Non-Academic Staff in Grades 1 – 12 | At Any Change of Status |

In addition, individuals are expected to amend their declarations from time to time as their affiliations or duties change. Failure to declare a conflict of interest may result in disciplinary action up to and including termination of employment.