

CONFLICTS OF INTEREST DISCLOSURE FORM

Reference IU's Policy on Conflicts of Interest for Staff and Hourly employees

Conflicts of interest occur when an employee or immediate family member receives personal financial benefit from the employee's University position in a manner which may inappropriately influence the employee's judgment or compromise the employee's ability to carry out University responsibilities or could be a detriment to the University's integrity.

Employees with an apparent or real conflict of interest must complete this form and deliver it to the associated unit head; this form must be submitted on an annual basis, as long as the conflict of interest exists.

Questions about an external activity representing a conflict of interest should be referred to a supervisor or unit head.

EMPLOYEE INFORMATION

Name _____ Campus & School/Department _____
University ID No. _____ Position Title _____
Campus Phone No. _____ Email address _____

CONFLICTS OF INTEREST DISCLOSURE

1. Relationship with any vendor, contractor, or business entity with which the University does business or is likely to do business, for which you have an opportunity to influence a related University decision; include the relationship of any immediate family member (indicate business entity's name, name of owner or manager, and relationship to employee or the employee's immediate family): _____

2. Economic interest in any vendor, contractor, or business entity with which the University does business with or is likely to do business, for which you have an opportunity to influence a related University decision: include the economic interest of any immediate family member (indicate the business entity's name, relationship to employee, the annual amount of any profits or compensation, market value of any equity, and any intellectual property rights): _____

3. If this disclosure is for a single transaction, indicate the specific vendor, contractor or business entity, relationship to employee, and University purchase or contract: _____

4. Any other apparent or real financial conflict that could result in a personal financial benefit for you or a member of your immediate family, as related to any personal influence in University operations or business decision: _____

5. Any other apparent or real conflict, financial or otherwise, that may compromise the employee's decisions or judgment in carrying out University responsibilities: _____

In the event that insufficient space is provided on this form for any disclosure, the employee should attach additional pages with reference to the above sections; also indicate in the associate section that additional material is attached.

EMPLOYEE'S SIGNATURE (full legal name):

DATE: _____

SUPERVISOR'S ACKNOWLEDGEMENT

Name _____ **Signature** _____ **Date** _____

UNIT HEAD'S ACKNOWLEDGEMENT

Name _____ **Signature** _____ **Date** _____

Acknowledgement by the employee's supervisor and unit head indicates that they are aware of the apparent or real conflict of interest, and they intend to manage the situation so that:

- the employee does not have an opportunity to influence the University's business or financial decisions in ways that could lead to personal gain or give improper advantage to a member of the employee's immediate family; and
- the employee can objectively fulfill his or her obligations to the University.

References: IU Purchasing Department Policy regarding Conflict of Interest and Indiana State Code 35-44-1.3

University Director of Purchasing, if applicable:

Signature: _____ Date: _____

Note: Pursuant to and in compliance with Indiana State Code 35-44-1-3, a separate form is required to satisfy the disclosure provisions of this state law. Contact the Indiana University Purchasing Department in Bloomington to obtain this additional disclosure form.