

FORM FSH 6240A – Disclosure of Conflicts
TO BE COMPLETED WHEN YOU HAVE A CONFLICT TO DISCLOSE OR A CHANGE IN CIRCUMSTANCES

EMPLOYEE INFORMATION

Name _____ Department _____
Vandal No. _____ Position Title _____
Campus Phone No. _____ Email Address _____

I indicated that I have a conflict to report on my performance evaluation and am completing this as part of that report.

This report is made following a change of circumstances and replaces my report on my most recent performance evaluation. If you check this box please indicate whether your change gives rise to or eliminates a potential conflict: _____.

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 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 department head or chair supervisor/institute director along with separate pages describing the nature of the reported conflict and a plan to manage the reported conflict (please obtain template for management plan from the Chair of the Ethics Committee or online located at [FSH 6240 D-3](#)).

Signed _____ Date _____

Supervisor Review

I concur with the employee's conflict(s) and the plan(s) to manage the conflict(s).

I do not concur with the employee's management of one or more conflicts. Attached are my reasons for not concurring.

Department Head or Chair /Supervisor/Institute Director _____ Date _____

Unit Administrator Review

I concur with the supervisor's review.

I do not concur with the supervisor's review. Attached are my reasons for not concurring.

Dean / Unit Administrator _____ Date _____

Committee Action

I concur with the above reviews and the proposed management plan.

I do not concur with the above reviews and the proposed management plan. Attached are the required actions.

Chair, Ethical Guidance and Oversight Committee _____ Date _____

- Copy to employee, employee's supervisor, employee's unit administrator, and human resources
- Original document on file in the office of the Ethical Guidance and Oversight Committee