

Conflict of Interest Disclosure Form

In completing this form about my activities for the upcoming academic year (20____-20____), I affirm that I have read and understand the policies of Saint Augustine's University regarding Conflict of Interest. To the best of my knowledge, the information I provided is true.

Employee Name (print): _____

Signature: _____

Date: _____ Department: _____

A **Conflict of Interest** relates to situations where financial or other personal matters may compromise, may involve the potential for compromising, or may appear to compromise an employee's objectivity in fulfilling his/her university duties or responsibilities.

A **Financial Interest** is defined as (i) payment for services not inclusive of SAU base salary; (ii) equity or other ownership interest in publicly or non-publicly traded entities; or (iii) intellectual property rights and interests upon receipt of income related to such rights and interest held by employee or family members.

Check all that apply:

- I have no Conflict-of-Interest activities to report. (If you check this item, this form may now be submitted to your Department Head or Director.)
- I have a potential Conflict of Interest to report. *
- I have a Financial Interest that may affect decision-making with respect to my employment. *
- I have a significant Financial Interest related to PHS-funded research. *
- A member of my immediate family (i.e., spouse and dependent children) has a personal Financial Interest in an activity that may affect decision-making with respect to my employment. *
- A member of my immediate family (i.e., spouse and dependent children) has a relationship, commitment, or activity that may present a Conflict of Interest with my employment at Saint Augustine's University. *
- I, or a member of my immediate family (i.e., spouse and dependent children), have received reimbursed or sponsored travel related to my institutional responsibilities. *

***If you have disclosed a potential Conflict of Interest or a Financial Interest held by you or an immediate family member, you must describe each potential Conflict of Interest or Financial Interest on an attached document.**

Review by Department Head or Director:

After reviewing the information provided above and the attachments, the reviewing official should determine if there is a violation of the Conflict-of-Interest policy of Saint Augustine's University. If a violation of the Conflict-of-Interest policy is found, a Conflict-of-Interest management plan shall be developed and approved by the Dean or Vice President and the Vice President of Institutional and Sponsored Research.

Conflict of Interest present: Yes No

Name (print): _____

Signature:

Date:

Review by Dean or Vice President:

Conflict of Interest present: Yes No

 If yes, do you approve the proposed Management Plan: Yes No

Name (print): _____

Signature:

Date:

Review by Vice President of Institutional and Sponsored Research *:

*Only necessary if a Conflict of Interest is present. To be completed by the Vice President of Institutional and Sponsored Research after the review of the proposed Management Plan.

Does the panel approve the proposed Management Plan: Yes No

Name (print): _____

Signature:

Date: