

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 Western Carolina University regarding Conflict of Interest. To the best of my knowledge, the information provided by me is true.

Employee Name (print): _____ 92# _____

Signature of Employee: _____ 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 have the appearance of compromising 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 WCU 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 Western Carolina 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 Western Carolina 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 Chancellor and the Conflict of Interest Panel.

Conflict of Interest present: Yes No

Name (print): _____

Signature:

Date:

Review by Dean or Vice Chancellor:

Conflict of Interest present: Yes No

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

Name (print): _____

Signature:

Date:

Review by Conflict of Interest Panel*:

*Only necessary if a Conflict of Interest is present. To be completed by the chair after the panel has reviewed the proposed Management Plan.

Does the panel approve the proposed Management Plan: Yes No

Name (print): _____

Signature:

Date: