

APPENDIX A
Disclosure of Potential Conflict of Interest or Conflict of Commitment
Arkansas State University

Employees of Arkansas State University are required to report actual or potential conflicts of interest or conflicts of commitment, or the appearance thereof, with respect to their obligations to the university or its welfare. To comply with the Arkansas State University System policy, please complete the following disclosure.

All employees are required to complete this form annually or more often if an actual or potential conflict of interest or conflict of commitment, or the appearance thereof, arises.

- I have read the Arkansas State University System policy on conflict of interest or conflict of commitment, and I disclose the attached explanation of the nature of each actual or potential conflict, or the appearance thereof, in compliance with that policy.
- *NOTE: The attached specific nature and extent of each potential conflict must include: a description of the activity, interest, or income; name and address of organization or employer (including self-employment); job title and duties; work schedule; total time commitment; anticipated length of time that the commitment is expected to last; how often you expect to be absent from your University position due to the activity or interest; how assigned University responsibilities will be covered during your absence; and whether or not University facilities, property, work product, information, or personnel will be used.*
- I have read the Arkansas State University System policy on conflict of interest or conflict of commitment, and I have no actual or potential conflicts, or the appearance thereof, to disclose.

Signed _____ Date _____
Name (print or type) _____ ID Number _____
Title _____
Department _____

Administrative Review

- The proposed activity has been reviewed, and no conflict of interest or conflict of commitment, or the appearance thereof, that would interfere with the employee's obligations to Arkansas State University or its welfare appears to exist.
- The proposed activity has been reviewed and an actual or potential conflict of interest or conflict of commitment, or the appearance thereof exists, and I recommend the attached management plan be implemented.
- The proposed activity has been reviewed and constitutes a conflict of interest or conflict of commitment or the appearance thereof, and I do not recommend that the activity be allowed.

I (approve, disapprove, refer) the disclosure for the reasons checked above.

Immediate Supervisor _____ Date _____

I have reviewed and (approve, disapprove) the recommendations of the immediate supervisor.

Supervisor _____ Date _____

- Signed copy retained by employee, immediate supervisor, and supervisor
- Signed copy sent by supervisor to employee's personnel file in Human Resources