

**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:** \_\_\_\_\_  
\_\_\_\_\_  
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**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:** \_\_\_\_\_

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

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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:** \_\_\_\_\_

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**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.

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*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.