

**EQPHNE V'QHHP VGT GUV'O CP CI GO GP VHQTO "**

**APPENDIX D-REPORT OF POTENTIAL CONFLICTS OF INTEREST RELATED TO UNIVERSITY EMPLOYEES**

Complete this form if you answered YES to questions 1 or 2 on the SHRA Conflict of Interest (COI) Certification. Use a separate form to report relationships with each enterprise or corporation.

**Name:** \_\_\_\_\_ **Banner ID:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_ **Room:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Rank:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Campus Telephone:** \_\_\_\_\_ **Local Phone:** \_\_\_\_\_

- 1. Tell the number of employees involved, your financial interest in the business, and how the sponsored project involves employees.**
- 2. Describe the potential benefits to and impacts upon employees in working on this project.**
- 3. Discuss the actions or safeguards you will take to prevent your relationships with this enterprise from affecting your responsibilities as a University employee for supervising these other employees.**
- 4. Describe the number of employees, their status in the University, and the nature and scope of the duties for which they are employed.**

5. Discuss the actions or safeguards you will take to prevent your relationship with this enterprise from affecting your responsibilities as a University employee for supervising these employees.

*By attaching this form to the Conflict of Interest Annual Certification for, I certify that all of the above information is correct and that I will promptly update information as changes occur.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Level Supervisor (if applicable)

\_\_\_\_\_  
Date