

FORM 6240A – **ANNUAL** Disclosure of Conflicts

This form will be treated confidentially. **You must complete this form annually and within 30 days of any changes that may give rise to potential conflicts or eliminate potential conflicts previously disclosed.** University of Idaho FSH Policy 6240 Conflicts of Interest or Commitment is available at <http://www.uidaho.edu/xxx>. If you have any questions about the form or about specific potential or actual conflicts of interest, please contact your supervisor/department head/chair or the Chair of the university's Ethical Guidance and Oversight Committee. **Disclose outside employment for compensation of more than 20 hours/week by completing FORM 6240 B – Disclosure of Outside Employment or Consulting for Compensation.**

EMPLOYEE INFORMATION

Name _____ Department _____
 Vandal No. _____ Position Title _____
 Campus Phone No. _____ Email Address _____

- I **DO NOT** have any conflicts of interest, conflicts of commitment or apparent conflicts to report. Please sign and date this form and **submit it to Human Resources with a copy to your supervisor/department head/chair (does not require supervisor/department head/chair review).** -
- I **DO** have conflicts of interest, conflicts of commitment or apparent conflicts to report. Please sign and date this form and submit it to your supervisor/department head/chair along with separate pages describing a plan to manage each conflict or apparent conflict.

Employee Conflicts of Interest Disclosure --

By signing here, you are certifying that the information that you provide herein in this form is accurate to the best of your knowledge as of the date of your signature, and you commit to providing an updated form to your supervisor if a material change occurs in the information you have provided.

Signed _____ Date _____

COMPLETE THE SECTIONS BELOW ONLY IF THE EMPLOYEE REPORTED A CONFLICT

Supervisor Review – required only for those reporting conflicts or apparent conflicts

- I concur with the employee's conflict(s) and the plan(s) to manage the conflict(s).
- I do not concur with the employee's management of one or more conflicts. Attached are my reasons for not concurring.

Department Chair / or Unit Supervisor / or Institute Director _____ Date _____

Unit Head Review – required only for those reporting conflicts or apparent conflicts

- I concur with the supervisor's review.
- I do not concur with the supervisor's review. Attached are my reasons for not concurring.

Dean / or Unit Head _____ Date _____

Committee Action – required only for those reporting conflicts or apparent conflicts

- I concur with the Unit Head's review and actions.
- I do not concur with the Unit Head's review and actions. Attached are the required actions.

Chair, Ethical Guidance and Oversight Committee _____ Date _____

- Copy to employee, **employee's unit** supervisor or, **employee's** unit head, and human resources
- Original document on file in the office of the chair of the Ethical Guidance and Oversight committee, campus zip: 3010 Committee