

DRAFT 8-3-2009

Auburn University Conflict of Interest/Commitment Disclosure Form

Evaluation Period/Date

Name:

EIN (Banner ID):

Title/Rank:

Campus Telephone:

Department:

Campus Mail Code:

General Remarks: Auburn University encourages faculty and staff to pursue education, research and service, through their university duties. Employees may also engage in outside activities that provide service to the community and enhance professional reputations or income. However, an employee is expected to report any situations that arise that may create a real or apparent conflict, or the appearance of a conflict, between the employee's obligation to the University and any outside activity. To the extent possible, such reports should be made prior to engaging in the activity. The purpose of this form is to assist University Administration in reviewing disclosures to determine if a conflict or potential conflict exists; and, if so, whether the conflict can be appropriately managed or eliminated, or whether the activity must be prohibited. Please refer to sections _____ through _____ of the Auburn University Conflict of Interest or Commitment Policy and Chapter 7.1 of the Faculty Handbook for further details: <http://www.auburn.edu/XXXXXX>. A disclosure form must be completed upon hire (or within 30 days of beginning employment) and on an annual basis as part of the evaluation process, and submitted through appropriate channels to _____. Supplemental disclosure updates must be submitted within 15 working days of changes in an activity, or when anew activity requiring disclosure is undertaken. An employee's failure to report activities or financial interests requiring disclosure under university policy or to follow any conditions imposed pursuant to the University's approval of such activities or interests may be grounds for disciplinary action. Such actions may include, but are not limited to: reprimand, reduction in salary, change of assignment, prohibition of outside activities, suspension with pay, and termination for cause.

Reporting Requirements - The following activities and financial interests must be reported and approved. ***For all activities, your interests include the interests of your family members and other close relationships.*** Please indicate by checking the category or categories of the activity being reported. Each question should be read carefully and answered completely. Responses should reference activities that are current and/or anticipated during the next 12 months (attach additional report forms for multiple activities as necessary) - when in doubt, disclose.

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1. Outside activities in which there is more than an incidental use of university facilities, equipment, and/or services. *Please describe activity and provide details regarding the use of university resources, including whether arrangements for reimbursement have been made and whether written permission has been obtained from the appropriate authorities.*

2. Outside business or employment relationships with University employees and/or students. *Describe any relationships you have with other University employees or students in an outside activity. Also describe any personal services performed for you by employees, students, or student employees under your supervision or in your classroom. Please list the employee/student(s), the nature of the activity and your role in the activity.*

3. Management, employment, consulting, and/or contractual activities with, or ownership interests in, a business entity that does business with the University. *Please list the name of the entity, the services/products offered, and your position/relationship to the entity. Include sources of income for honorariums and/or consulting totaling \$10,000 or more from a single source, and activities in which you or family members hold more than a 5% financial interest or equity interest exceeding \$10,000.*

4. Management, employment, consulting and/or other contractual activities with, or ownership interest in a business entity that competes with the University by providing services similar to those provided by the University. *Please list the name of the entity, the services/products offered, and your position/relationship to the entity.*

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5. Required use at the University of books, supplies, equipment, or other instructional materials created or published by the employee, or by an entity in which the employee or a family member has a financial interest. *Please provide details.*

6. Professional compensated activities, including but not limited to, honoraria (in excess of \$500) beyond actual travel expenses, teaching at another institution, or employment as an expert witness. *Please provide details, including names of other entities, and the nature of activities and compensation. Indicate whether you have received gifts or donations of goods or services from the entity other than those of nominal value (greater than \$100 aggregated in a year excluding meals).*

7. Business activities, including service on the board of directors or other management interests or positions, with regard to a business entity in the same discipline, field or area of funded research or public service activities in which the faculty or staff member is employed/engaged. *List name of entity, services/products offered, and your position or relationship to the entity. Indicate location, anticipated dates of activity and estimated number of hours per week that will be required, including travel time. If during working hours, indicate whether annual leave will be taken. Also indicate any fees received or expenses paid, or whether you have received gifts or donations of goods or services from the entity, other than those of nominal value (greater than \$100 aggregated in a year excluding meals).*

8. Any employment (including self-employment), community service, contractual relationship, or financial interests of the employee which may create a continuing or recurring conflict between the employee's interests and the performance of the employee's public responsibilities and obligations, including time commitments. *Please describe and provide details. Include the name of the entity/activity, services/products offered, and your position/relationship to the entity. Indicate location, anticipated dates of activity and estimated number of hours per week that will be required, including travel time. If during AU working hours, indicate whether annual leave will be taken. Also indicate any fees received or expenses paid, or whether you have received gifts or donations of goods or services from the entity, other than those of nominal value (greater than \$100 aggregated in a year excluding meals).*

9. Identify any intellectual property rights you hold and/or any outside activity in which you are required to waive rights to intellectual property. *Describe intellectual property rights and provide details.*

10. Outside activities and financial interests required to be reported under federal contract and grant regulations, i.e. outside ventures (including publicly held corporations) in which you or your family members hold more than a 5 percent financial interest, or hold equity interests exceeding \$10,000. *Provide details.*

11. Candidacy, election or appointment to a public office (public office is defined as an appointment to a Board or Commission, or a position in state government or any political subdivision thereof, i.e. judge, commissioner, regent, etc.) *Provide details.*

12. Gifts, favors or gratuities for personal benefit accepted by an employee or family member, other than those of nominal value (greater than \$100 aggregated in a year excluding meals and textbooks), from a person or business you know to be doing business with, or attempting to do business with, the university. *Please list name of person/business, your relationship to the person/business, items received, and approximate value.*

13. Any outside activities or internal activities, not otherwise required to be reported above, which the employee should reasonably conclude may create an actual or apparent conflict of interest or time commitment. *Please describe.*

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Acknowledgment I hereby acknowledge that I have read and understand the University's policies on Ethical Conduct and Conflicts of Interest and Commitment, and have made all necessary disclosures. I further affirm that the information reported is true and complete to the best of my knowledge, and I assume responsibility for updating this disclosure as necessary.

Signed this _____ day of _____, 20_____

Signature

After signing, please forward to Department Head/Director, or equivalent supervisory official (Dean for Department Heads, Provost for Deans, Vice President for Directors, President for Vice Presidents, etc.) so that he or she may complete the assessment.

Administrative Review and Approval *Please note:* Only two levels of signatures are required - the first and second level for most employees. The second and third levels would be required for those at the Department Head/Director level or above. I have reviewed the information provided and in my judgment:

_____ (a) No conflict of interest or commitment exists that would represent potential for compromising the objectivity of research results, the welfare and rights of human research subjects, the integrity of faculty-student interactions, or other interest of the University, sponsors of University projects, or the public.

_____ (b) A conflict of interest or commitment may exist and a management plan is attached.

_____ (c) A conflict of interest or commitment exists for which no management plan is possible. The following action is recommended:

Is this person involved in sponsored activities?

_____ Yes

_____ No

1st Level Supervisor (Head of Department/Director):

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Name

Date (mm/dd/yyyy)

Signature

2nd Level Supervisor concurrence (Dean/Vice Provost/Vice President):

Name

Date (mm/dd/yyyy)

Signature

3rd Level Supervisor concurrence (Provost/President/General Counsel):

Name

Date (mm/dd/yyyy)

Signature

Completed form should be returned to originating/primary department to forward as follows: