

Conflict of Interest Disclosure Form

Print Employee Name and Title: _____

College/School/Department/Office: _____

The purpose of this form is to disclose any conflicts of interest, per the USG BOR Policy 8.2.18.2 and MGA Policy 8.1.5, which require employees to disclose all conflict of interests. For the full text of the policy, please see the BOR Policy Manual or the MGA Policy Manual.

All faculty and staff wishing to engage in an activity that creates a conflict of interest or the appearance of a conflict of interest must **complete this form and receive approval/management plan before the activity can begin**. If a faculty or staff member is already engaging in said activity, **this form must be completed immediately**. This form **must be completed** for every instance an MGA employee (or employee's appropriate family member as defined in the above referenced MGA policy) engages in an activity that creates a conflict of interest. Employees should not engage in the activity in question until they have received approval or agree to a management plan. Faculty should submit completed forms to the Dean's Office who conducts the first level of review. Staff should submit completed forms to their immediate supervisor. Once all approvals are received, the completed forms are retained in the office of Human Resources.

Please explain your conflict of interest and any explanatory information:

Name of External Entity: _____

Address of External Entity: _____

Certification: I have completed this disclosure to the best of my knowledge and belief. If required, I will comply with any conditions or restrictions imposed by MGA to manage any real or perceived financial conflicts of interest. Should my outside financial or managerial interests, or those of my family, change such that what I have reported here no longer holds true, I agree to submit an update to this disclosure within thirty (30) days of the change.

Employee Name and Title

Signature

Date

Dean and Provost or Manager and Vice President Review

The appropriate Dean and the Provost should complete the following section. If a management plan is required, it is the responsibility of the disclosing party to contact the Dean. Any questions should be directed to the Dean.

Dean/Managers Review:

- I have reviewed the above conflict of interest form. To the extent a conflict of interest exists, it poses de minimis or no risk to the University. I recommend approval of said conflict of interest and that the employee shall manage the conflict appropriately.
- I have reviewed the above conflict of interest form and acknowledge a conflict of interest exists. I recommend approval of the conflict of interest only upon approval of a management plan.
- I have reviewed the above conflict of interest form and acknowledge a conflict of interest exists. I recommend that the employee immediately cease and desist from any activity related to the conflict on interest. Failure to immediately cease and desist shall be considered a policy violation of the MGA Policy Manual and may subject said employee to disciplinary action in accordance with the MGA Policy Manual and/or the Faculty Handbook.

Dean/Manager

Signature

Date

Provost/Vice President Review:

I have reviewed the above conflict of interest form and the Dean's recommendation.

I hereby approve/ disapprove of the Dean's recommendation.

Provost/Vice President

Signature

Date