

FSH 6240 and 6241 Required Disclosure of Conflicts

This Conflicts of Interest Disclosure form is to be signed by the employee and his/her supervisor after reviewing information on conflicts of interest and nepotism in the Faculty Staff Handbook 6240 and 6241. For each new employee, the signed Conflicts of Interest Disclosure form is to be returned to Human Resources for inclusion in the employee's file prior to the first week of work at the University. Each continuing University employee must complete this disclosure annually with his or her performance evaluation.

If you have a conflict to disclose, then you also will need to complete Form FSH 6240A. Likewise, if there is any change in your circumstance that may give rise to potential conflicts or eliminate potential conflicts previously disclosed, then you will need to complete Form FSH 6240A within 30 days of the change. University of Idaho FSH Policy 6240 Conflicts of Interest or Commitment is available at <http://www.webpages.uidaho.edu/fsh/6240.html> If you have any questions about the form or about specific potential or actual conflicts of interest, please contact your unit administrator or the Chair of the university's Ethical Guidance and Oversight Committee uifcoi@uidaho.edu. **Disclose outside employment for compensation of more than 20 hours/week by completing FORM 6240 B – Disclosure of Outside Employment or Consulting for Compensation.**

Please check one:

- I have reviewed [FSH 6240](#) and **DO NOT** have any conflicts of interest, conflicts of commitment or apparent conflicts to report.
- I have reviewed [FSH 6240](#) and **DO** have conflicts of interest, conflicts of commitment or apparent conflicts to report. Please submit a completed form FSH 6240A to your unit administrator, along with separate pages describing a plan to manage each conflict or apparent conflict.

Your signature below certifies that:

- you have reviewed FSH 6240 regarding disclosure of conflicts
- the information that you provide in this form regarding your disclosure of any conflict is accurate to the best of your knowledge as of the date of this document, and
- you commit to providing an update if a material change occurs in the information you have provided.

Employee Name: _____ Date: _____
Signature

Please Print (Last, First, MI): _____ Vandal #: _____

Immediate Supervisor: _____ Date: _____
Signature

Please Print (Last, First, MI): _____ Supervisor's Vandal #: _____